

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 22, 2002 8:00 am**  
**Secretary of State**

04-22-2002 90307 037 \*\*\*\*61.25

**DOCUMENT # 720825**

1. Entity Name  
**IMPERIAL POINT PROPERTY OWNERS ASSOCIATION, INC.**

Principal Place of Business <b>14950 SOVEREIGN DR LARGO FL 33774</b>	Mailing Address <b>14950 SOVEREIGN DR LARGO FL 33774</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>59-1954021</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		

6. Name and Address of Current Registered Agent  
**JENKINS, MARY LOU  
 10267 IMPERIAL POINT DR. N.  
 LARGO FL 33774**

7. Name and Address of New Registered Agent  
 Name: **LIKENESS, BARRY K.**  
 Street Address (P.O. Box Number is Not Acceptable):  
**10456 SOVEREIGN DR.**  
 City: **LARGO** State: **FL** Zip Code: **33774**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.  
**BARRY K. LIKENESS, PRESIDENT**  
 SIGNATURE: *Barry K Likeness* DATE: *April 5, 2002*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD JENKINS, MARY LOU 10267 IMPERIAL PT DR N LARGO FL 33774</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD LIKENESS, BARRY 10456 SOVEREIGN DR LARGO FL 33774</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D LAUGHLIN, DON 14810 CROWN DR LARGO FL 33774</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD MICKLES, BONITA L 10361 MAJESTIC DRIVE LARGO FL 33774</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD TARCZA, ANN 10202 IMPERIAL POINT DRIVE E. LARGO FL 33774</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD LIKENESS, BARRY K. 10456 SOVEREIGN DRIVE LARGO, FL 33774</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD ANDERSON, DONALD A. 10350 IMPERIAL PT. DR. EAST #2 LARGO, FL 33774</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD WOJCIECHOWSKI, FRANK 14979 IMPERIAL PT. DR. NO. LARGO, FL 33774</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD JACQUELYN G. TREADWAY 10422 IMPERIAL PT. DR. EAST LARGO, FL 33774</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Barry K Likeness* **BARRY K. LIKENESS, PRESIDENT** **4/5/02 (727) 596-1379**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)