
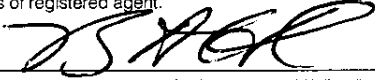
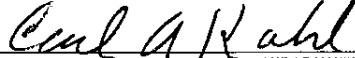


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90068 004 ****61.25

DOCUMENT # 720825					
1. Entity Name IMPERIAL POINT PROPERTY OWNERS ASSOCIATION, INC.					
Principal Place of Business 14950 SOVEREIGN DR LARGO, FL 33774			Mailing Address 14950 SOVEREIGN DR LARGO, FL 33774		
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 59-1954021	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
TREADWAY, JACQUELYN C 10422 IMPERIAL POINT DRIVE EAST LARGO, FL 33774			Name HANNAH, BENJAMIN A		
			Street Address (P.O. Box Number is Not Acceptable) 14725 CROWN DR		
			City LARGO		
			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE 		BENJAMIN A. HANNAH, PRESIDENT		4/9/04	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TREADWAY, JACQUELYN G		NAME	HANNAH, BENJAMIN A	
STREET ADDRESS	10422 IMPERIAL POINT DRIVE EAST		STREET ADDRESS	14725 CROWN DR	
CITY-ST-ZIP	LARGO, FL 33774		CITY-ST-ZIP	LARGO FL 33774	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HANNAH, BENJAMIN A		NAME	DREWS, BARBARA	
STREET ADDRESS	14725 CROWN DRIVE		STREET ADDRESS	14323 NEPTUNE RD	
CITY-ST-ZIP	LARGO, FL 33774		CITY-ST-ZIP	SEMINOLE, FL 33776	
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOHL, CARL A		NAME		
STREET ADDRESS	14969 CROWN DRIVE		STREET ADDRESS		
CITY-ST-ZIP	LARGO, FL 33774		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 		CARL A KOHL		4/9/04 (727) 596-7603	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	