

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 91038 025 \*\*\*\*61.25

0096169

**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: Suite, Apt. #, etc.  
3. Mailing Address: Suite, Apt. #, etc.

City & State: City & State

Zip: Country Zip: Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-1954021** Applied For:  Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**LIKENESS, BARRY K  
10456 SOVEREIGN DRIVE  
LARGO FL 33774**

7. Name and Address of New Registered Agent  
Name: **TREADWAY, JACQUELYN G.**  
Street Address (P.O. Box Number is Not Acceptable): **10422 IMPERIAL POINT DRIVE EAST**  
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: *Jacquelyn G. Treadway* **JACQUELYN G. TREADWAY** DATE: **4/17/03**

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$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: <b>VD</b>	<input type="checkbox"/> Delete <b>ANDERSON, DONALD A 10350 IMPERIAL PT. DR. E. #2 LARGO FL 33774</b>	TITLE: <b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>TREADWAY, JACQUELYN G. 10422 IMPERIAL POINT DRIVE EAST LARGO FL 33774</b>
TITLE: <b>PD</b>	<input checked="" type="checkbox"/> Delete <b>LIKENESS, BARRY 10456 SOVEREIGN DR LARGO FL 33774</b>	TITLE: <b>SD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>HANNAH, BENJAMIN A. 14725 CROWN DRIVE LARGO FL 33774</b>
TITLE: <b>D</b>	<input checked="" type="checkbox"/> Delete <b>LAUGHLIN, DON 14810 CROWN DR LARGO FL 33774</b>	TITLE: <b>TD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>KOHL, CARL A. 14969 CROWN DRIVE LARGO FL 33774</b>
TITLE: <b>TD</b>	<input checked="" type="checkbox"/> Delete <b>WOJCIECHOWSKI, FRANK 14979 IMPERIAL PT. DR. NORTH LARGO FL 33774</b>	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: <b>SD</b>	<input checked="" type="checkbox"/> Delete <b>TREADWAY, JACQUELYN G 10422 IMPERIAL PT. DR. EAST LARGO FL 33774</b>	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: <input type="checkbox"/> Delete		TITLE: <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: *Carl A. Kohl* **CARL A. KOHL** DATE: **4/17/03**

CR2E037 (10/02)