2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 713462

1. Entity Name

IMPERIAL PARK OWNERS ASSOCIATION, INC.

FILED
May 31, 2000 8:00 am
Secretary of State
05-31-2000 90017 030 ****61.25

Principal Place of Business	Mailing Address
P.O. BOX 4576 CLEARWATER FL 33758 US	P.O. BOX 4576 CLEARWATER FL 33758-4576 US

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 59-2745934 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

VEST, ROBERT, A
2065 ATTACHE COURT
CLEARWATER FL 33764

7. Name and Address of New Registered Agent

Name JOHN A. VANTREASE
Street Address (P.O. Box Number is Not Acceptable) 2078 ENVOY CT.
City CLEARWATER **FL** Zip Code 33764

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.

SIGNATURE John A Vantrease 5/2/00
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD DAY, JEFFREY 2077 ENVOY CT CLEARWATER FL 33764	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD SINGSON, MARIA 2053 DIPLOMAT DR CLEARWATER FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD JOHN A VANTREASE 2078 ENVOY CT CLEARWATER, FL 33764	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD SCHANCK, DOUGLAS 2024 DIPLOMAT DR CLEARWATER FL 33764	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MICHAEL BASKOVITCH 2035 CORONET CLEARWATER, FL 33764	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MILNER, RAYLEE 1435 AMBASSADOR DR CLEARWATER FL 33764	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CFI2E037 (9/99)

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: SIGNATURE REQUIRED 5/2/00 727-524-8477
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #