

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 14 AM 11:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 717363 (6)
1. Corporation Name
IMPERIAL POINT CONDOMINIUM II ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/16/1969	3a. Date of Last Report 04/18/1994
4. FEI Number 59-1382392	Applied For ☐ Not Applicable ☐
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No	

Principal Place of Business		Mailing Address	
INFINITI PROPERTY MANAGEMENT 1301 SEMINOLE BLVD. STE 110 LARGO FL 34640-8183 US		C/O INFINITI PROPERTY 1301 SEMINOLE BLVD. STE 110 LARGO FL 34640-8183 US	
2. Principal Place of Business	2a. Mailing Address	21. Infiniti	26. Suite, Apt. #, etc.
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	23. City & State	28. City & State
24. Zip	25. Country	29. Zip	30. Country

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
INFINITI PROPERTY MANAGEMENT 1301 SEMINOLE BLVD, STE 110 LARGO FL 34640-8183		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83.	
		84. City	85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	LATOUR, ROBERT	1.2 NAME	
STREET ADDRESS	10350 IMPERIAL PT DR W.	1.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	☒ Change ☐ Addition
NAME	CPPLSPM. FRANK	2.2 NAME	COOKSON, FRANK
STREET ADDRESS	10350 IMPERIAL PT DR W	2.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	☐ Change ☐ Addition
NAME	TYRELL, ALICE	3.2 NAME	
STREET ADDRESS	10350 IMPERIAL PT. DR. W	3.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	☐ Change ☐ Addition
NAME	ORTHS, HARRY	4.2 NAME	
STREET ADDRESS	10350 IMPERIAL PT. DR. W	4.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☒ Addition
NAME		5.2 NAME	D GOETZ, LOUIS
STREET ADDRESS		5.3 STREET ADDRESS	10350 IMPERIAL POINT DR. W. #8
CITY-ST-ZIP		5.4 CITY-ST-ZIP	LARGO, FL-34644
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Frank Cookson

Date

Daytime Phone #