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Apr 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # **717363** **(6)**

1. Corporation Name

IMPERIAL POINT CONDOMINIUM II ASSOCIATION, INC.

Principal Place of Business	Mailing Address
INFINITI PORORTY 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

3. Date Incorporated or Qualified: 10/16/1969

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24: 33770 / Country 25	Zip 29: 33770 / Country 30

9. Name and Address of Current Registered Agent

INFINITI PROPERTY MANAGEMENT
1301 SEMINOLE BLVD, STE 110
LARGO FL 33770

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	HOHENSTEIN, GUS		1.2 NAME		
STREET ADDRESS	10350 IMPERIAL POINT DR., W. #10		1.3 STREET ADDRESS		
CITY-ST-ZIP	LARGO FL		1.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	COOKSON. FRANK		2.2 NAME		
STREET ADDRESS	10350 IMPERIAL PT DR W		2.3 STREET ADDRESS		
CITY-ST-ZIP	COOKSON FR		2.4 CITY-ST-ZIP		
TITLE	STD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MORRIS, WATER		3.2 NAME		
STREET ADDRESS	10350 IMPERIAL POINT DR., W. #20		3.3 STREET ADDRESS		
CITY-ST-ZIP	LARGO FL		3.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	4.1 TITLE	D	☐ Change ☒ Addition
NAME	ORTHS, HARRY		4.2 NAME	ADLERBERT, NILS	
STREET ADDRESS	10350 IMPERIAL PT. DR. W		4.3 STREET ADDRESS	10350 IMPERIAL POINT DR. W., #4	
CITY-ST-ZIP	LARGO FL		4.4 CITY-ST-ZIP	LARGO, FL 33774	
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	GOETZ, LOUIS		5.2 NAME		
STREET ADDRESS	10350 IMPERIAL POINT DR. WEST #8		5.3 STREET ADDRESS		
CITY-ST-ZIP	LARGO FL 34644		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. 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 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: Frank Cookson (813)595-3829 04/14/98 Frank S. Cookson Jr.