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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **717363**

1. Corporation Name

IMPERIAL POINT CONDOMINIUM II ASSOCIATION, INC.

Principal Place of Business	Mailing Address
INFINITI POROERTY MANAGEMENT 1301 SEMINOLE BLVD. STE 110 LARGO FL 33770 US	C/O INFINITI PROPERTY 1301 SEMINOLE BLVD. STE 110 LARGO FL 33770 US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21	26	10/16/1969
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1382392 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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 33770	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	P/D	☐ Change ☒ Addition
NAME	COOKSON. FRANK		2.2 NAME	NEAL, WAYNE	
STREET ADDRESS	10350 IMPERIAL PT DR W		2.3 STREET ADDRESS	10350 IMPERIAL POINT DR. W., #26	
CITY-ST-ZIP	COOKSON FR		2.4 CITY-ST-ZIP	LARGO, FL 33774	
TITLE	STD	☐ DELETE	3.1 TITLE	D	☒ Change ☐ Addition
NAME	MORRIS, WATER		3.2 NAME	WALTER	
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	S/T/D	☐ Change ☒ Addition
NAME	ADELBERT, NILS		4. 2 NAME	TAYLOR, ELLEN	
STREET ADDRESS	10350 IMPERIAL DR. W. #4		4.3 STREET ADDRESS	10350 IMPERIAL POINT DR. W., #12	
CITY-ST-ZIP	LARGO FL 33774		4.4 CITY-ST-ZIP	LARGO, FL 33774	
TITLE	D	☒ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME	GOETZ, LOUIS		5.2 NAME	TODINO, BILL	
STREET ADDRESS	10350 IMPERIAL POINT DR. WEST #8		5.3 STREET ADDRESS	10350 IMPERIAL POINT DR. W., #9	
CITY-ST-ZIP	LARGO FL 34644		5.4 CITY-ST-ZIP	LARGO, FL 33774	
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		

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, with all other like empowered.

SIGNATURE: Walter Morris 4-11-94 (727)595-9492
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)