## 2001 UNIFORM BUSINESS REPORT (UBR) **FILED** Mar 16, 2001 8:00 am Secretary of State DOCUMENT # 717363 1. Entity Name IMPERIAL POINT CONDOMINIUM II ASSOCIATION, INC. 03-16-2001 90058 008 \*\*\*\*61.25 Principal Place of Business Mailing Address INFINITI POROERTY MANAGEMENT C/O INFINITI PROPERTY 1301 SEMINOLE BLVD, STE 110 1301 SEMINOLE BLVD. STE 110 LARGO FL 33770 LARGO FL 33770 US US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-1382392 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) INFINITI PROPERTY MANAGEMENT 1301 SEMINOLE BLVD, STE 110 **LARGO FL 33770** City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. FEE IS \$61.25 Added to Fees **Department of State** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Addition TITLE ☐ Delete TITLE ☐ Change HOHENSTEIN, GUS NAME NAME STREET ADDRESS STREET ADDRESS 10350 IMPERIAL POINT DR., W. #10 CITY-ST-ZIP CITY-ST-ZIP LARGO FL ☐ Addition ☐ Change TITLE STD Delete TITLE NAME **NEAL, WAYNE** NAME STREET ADDRESS STREET ADDRESS 10350 IMPERIAL POINT DR. W., #26 CITY-ST-ZIP CITY-ST-ZIP ARGO FL 33774 PD TITLE ☐ Delete TITLE ☐ Change ☐ Addition GLACKIN, EDWARD NAME NAME STREET ADDRESS STREET ADDRESS 10350 IMPERIAL POINT DR W #13 CITY-ST-ZIP CITY-ST-ZIP LARGO FL 33774 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME TODINO, BILL STREET ADDRESS STREET ADDRESS 10350 IMPERIAL POINT DR. W., #9

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.

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

CITY-ST-ZIP

NAME

LARGO FL 33774



Delete

☐ Delete

3/14/01

(727) 595-9603\_

Change

Change

■ Addition

☐ Addition

Daytime Phone #