2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

Apr 27, 2005 8:00 am Secretary of State **DOCUMENT # 717363** 1. Entity Name 04-27-2005 90315 002 ****61.25 IMPERIAL POINT CONDOMINIUM II ASSOCIATION, INC. Mailing Address Principal Place of Business C/O INFINITI PROPERTY 1301 SEMINOLE BLVD, STE 110 INFINITI POROERTY MANAGEMENT 1301 SEMINOLE BLVD, STE 110 **LARGO FL 33770 LARGO FL 33770** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/04) City & State 4. FEI Number Applied For City & State 59-1382392 Not Applicable Country Zip 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 Name INFINITI PROPERTY MANAGEMENT Street Address (P.O. Box Number is Not Acceptable) 1301 SEMINOLE BLVD, STE 110 **LARGO FL 33770** 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE DATE (NOTE Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable Make Check Payable to FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Due By May 1, 2005 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Change ☐ Addition TITLE TITLE ☐ Detete MICKLES, LARRY NAME NAME 10350 IMPERIAL POINT DR W #8 STREET ADDRESS STREET ADDRESS LARGO FL 33774 CITY-ST-ZIP CITY-ST-ZIP SD TITLE ☐ Delete v/p **K** Change ☐ Addition **NEAL, WAYNE** NAME 10350 IMPERIAL POINT DR. W., #26 STREET ADDRESS STREET ADDRESS **LARGO FL 33774** CITY-ST-7IP CITY+SI-ZIP ☐ Change Addition TITLE ☐ Defete TITLE GLACKIN, EDWARD NAME NAME STREET ADDRESS 10350 IMPERIAL POINT DR W #13 STREET ADDRESS **LARGO FL 33774** CITY-ST-ZIP CITY-ST-ZIP TITLE S/T/D ☐ Change Addition TITLE ☐ Detete ANDERSON, LORRAINE NAME NAME STREET ADDRESS 10350 IMPERIAL POINT DR. W., #2 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LARGO, FL 33774 ☐ Change **Addition** ☐ Defete THILE TITLE NAME MURPHY, JAMES NAME STREE! ADDRESS STREET ADDRESS 10350 IMPERIAL POINT DR. W., #22 CITY-ST-ZIP CITY-ST-ZIP LARGO, FL 33774 Change □ Addition ☐ Delete TULE NAME NAME STREET ADDRESS STRLET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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

SIGNING OFFICER OR DIRECTOR

Ed Glackin

4/22/05

595-9603

FILED