

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 717363

FILED
Mar 10, 2011
Secretary of State

Entity Name: IMPERIAL POINT CONDOMINIUM II ASSOCIATION, INC.

Current Principal Place of Business:

QUALIFIED PROPERTY MANAGEMENT, INC.
1301 SEMINOLE BLVD, STE 110
LARGO, FL 33770 US

New Principal Place of Business:

C/O QUALIFIED PROPERTY MGMT, INC.
5901 US HWY 19, STE 7Q
NEW PORT RICHEY, FL 34652 US

Current Mailing Address:

C/O QUALIFIED PROPERTY MANAGEMENT, INC.
1301 SEMINOLE BLVD, STE 110
LARGO, FL 33770 US

New Mailing Address:

C/O QUALIFIED PROPERTY MGMT, INC.
5901 US HWY 19, STE 7Q
NEW PORT RICHEY, FL 34652 US

FEI Number: 59-1382392

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

QUALIFIED PROPERTY MANAGEMENT
5901 US 19 N.
SUITE 7Q
NEW PORT RICHEY, FL 34652 US

Name and Address of New Registered Agent:

QUALIFIED PROPERTY MANAGEMENT INC
5901 US 19 N.
SUITE 7Q
NEW PORT RICHEY, FL 34652 US

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: MARY WHITE

03/10/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: ANDERSON, DONALD
Address: 10350 IMPERIAL POINT DR W #2
City-St-Zip: LARGO, FL 33774 US

Title: VD
Name: HAMILTON, NOEL
Address: 10350 IMPERIAL POINT DR W #16
City-St-Zip: LARGO, FL 33774 US

Title: SD
Name: MURPHY, JAMES
Address: 10350 IMPERIAL POINT DR W #22
City-St-Zip: LARGO, FL 33774 US

Title: TD
Name: SZUMOWSKI, EDWARD
Address: 10350 IMPERIAL PT DR W 25
City-St-Zip: LARGO, FL 33774 US

Title: D
Name: UDOVICIC, LINDA
Address: 10350 IMPERIAL POINT DR W #3
City-St-Zip: LARGO, FL 33774

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DONALD ANDERSON

PD

03/10/2011

Electronic Signature of Signing Officer or Director

Date