


2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 717375		
1. Entity Name IMPERIAL POINT CONDOMINIUM I ASSOCIATION, INC.		

Principal Place of Business C/O INFINITI PROPERTY INC. 1301 SEMINOLE BLVD. SUITE #110 LARGO, FL 33770 US	Mailing Address C/O INFINITI PROPERTY 1301 SEMINOLE BLVD. SUITE #110 LARGO, FL 33770 US
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2. Principal Place of Business William Williams, CPA Suite, Apt. #, etc. 6519 Central Avenue City & State St. Petersburg, FL Zip 33710 Country USA	3. Mailing Address William Williams, CPA Suite, Apt. #, etc. 6519 Central Avenue City & State St. Petersburg, FL Zip 33710 Country USA
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4. FEI Number 59-1381579	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent WILLIAMS, WILLIAM CPA 6519 CENTRAL AVE SAINT PETERSBURG, FL 33710
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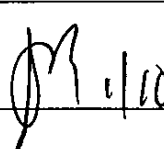
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

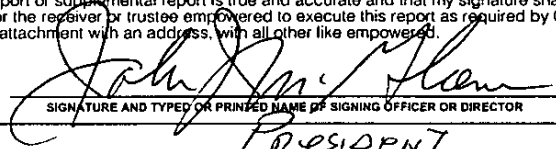
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$122.50	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Secretary BROWN, BEVERLY 10351 REGAL DR. #3 LARGO, FL 33774 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MOLLS, INGA 10351 REGAL DR. # LARGO, FL 33774 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WELCH, NORBERT 10351 REGAL DR # LARGO, FL 33774 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD THOME, LOU 10351 SOVEREIGN DR #8 LARGO, FL 33774 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Jack McGlone 10351 Regal Dr., # 14 Largo, FL 33774 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Patricia Plantamura 10013 118th Way Seminole, FL 33774 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary AT LARGE Linda Titus 10351 Regal Dr., # 11 Largo, FL 33774 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	000063569270 01/12/06--01055--017 **122.50 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  1/7/06 727-596-3872
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
PRESIDENT