


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2007 8:00 am
Secretary of State

04-04-2007 90185 002 ****61.25

DOCUMENT #717375 1. Entity Name IMPERIAL POINT CONDOMINIUM I ASSOCIATION, INC.					
Principal Place of Business 6519 CENTRAL AVENUE ST PETERSBURG, FL 33710 US				Mailing Address 6519 CENTRAL AVENUE ST PETERSBURG, FL 33710 US	
2. Principal Place of Business - No P.O. Box # 1301 Seminole Blvd. Suite, Apt. #, etc. Ste. 110 City & State Largo, FL Zip 33770		3. Mailing Address 1301 Seminole Blvd. Suite, Apt. #, etc. Ste. 110 City & State Largo, FL Zip 33770		03132007 Chg-NP CR2E037 (12/06) 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 INFINITI PROPERTY MANAGEMEN, INC. 1301 SEMINOLE BLVD SUITE 110 LARGO, FL 33770	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City State FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BROWN, BEVERLY 10351 REGAL DR. #3 LARGO, FL 33774	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Maureen Stilwell 11176 Hammock Drive Largo, FL 33774	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCGLONE, JACK 10351 REGAL DR #14 LARGO, FL 33774	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PLANTAMURA, PATRICIA 10013 118TH WAY SEMINOLE, FL 33774	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT TITUS, LINDA 10351 REGAL DR., #11 LARGO, FL 33774	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Renate Marsh 10351 Regal Dr., #12 Largo, FL 33774	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Louis Thome 10351 Regal Dr., #8 Largo, FL 33774	<input type="checkbox"/> Change <input checked="" 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 <u>Jack McGlone</u> 3/13/07 727.946.3872 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					