

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2006 8:00 am
Secretary of State

04-14-2006 90139 026 ****61.25

DOCUMENT # 718264

1. Entity Name
IMPERIAL POINT CONDOMINIUM III ASSOCIATION, INC.



Principal Place of Business
**C/O INFINITI PROPERTY MANAGEMENT INC
1301 SEMINOLE BLVD STE 110
LARGO, FL 33770 US**

Mailing Address
**C/O INFINITI PROPERTY MANAGEMENT INC
1301 SEMINOLE BLVD STE 110
LARGO, FL 33770 US**

40048601



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03202006

Chg-NP

CR2E037 (11/05)

4. FEI Number
59-1382389

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**INFINITI PROPERTY MANAGEMENT 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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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
**TD
LEACH, RICHARD
10280 IMPERIAL POINT DR., W. #22
LARGO, FL 33774** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P/D
STILWELL, MAUREEN
11176 HAMMOCK DR.
LARGO, FL 33774** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
ADAMS, DAVID
10280 IMPERIAL POINT DR W #11
LARGO, FL 33774** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V/D
RICHEY, MARTHA
10280 IMPERIAL POINT DR. W., #8
LARGO, FL 33774** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
HOEHN, SANDRA
10280 IMPERIAL POINT DR W #10
LARGO, FL 33774** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S/D
GATTI, VINCE
10280 IMPERIAL POINT DR. W., #25
LARGO, FL 33774** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MICHNO, WALTER
10280 IMPERIAL POINT DR., W. #21
LARGO, FL 33774** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T/D
GILSON, CHARLES
10280 IMPERIAL POINT DR. W., #14
LARGO, FL 33774** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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:

Maureen C Stilwell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/06
Date

727.546.2965
Daytime Phone #