
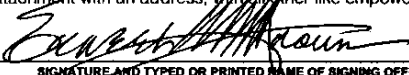


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90353 048 ****61.25

DOCUMENT # 718265 1. Entity Name IMPERIAL POINT CONDOMINIUM IV ASSOCIATION, INC.					
Principal Place of Business C/O INFINITI 1301 SEMINOLE BLVD, STE 110 LARGO, FL 33770 US			Mailing Address C/O INFINITI 1301 SEMINOLE BLVD, STE 110 LARGO, FL 33770 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
INFINITI PROP MGMT INC 1301 SEMINOLE BLVD. SUITE 110 LARGO, FL 33770				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 _____ (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. <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	PD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BROWN, ERNEST		NAME		
STREET ADDRESS	10684 PARK PLACE DR		STREET ADDRESS		
CITY-ST-ZIP	LARGO, FL 33778		CITY-ST-ZIP		
TITLE	SD <input checked="" type="checkbox"/> Delete		TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	ISAACS, BEVERLY		NAME	Joan A. Anderson	
STREET ADDRESS	10190 IMPERIAL POINT DR W #2		STREET ADDRESS	P.O. Box 15821	
CITY-ST-ZIP	LARGO, FL 33774		CITY-ST-ZIP	St. Petersburg, FL 33733	
TITLE	TD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BROWN, BARBARA		NAME		
STREET ADDRESS	10684 PARK PL DR		STREET ADDRESS		
CITY-ST-ZIP	LARGO, FL 33778		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CONLEY, EUGENE		NAME		
STREET ADDRESS	10200 MONARCH DRIVE # 4		STREET ADDRESS		
CITY-ST-ZIP	LARGO, FL 33774		CITY-ST-ZIP		
TITLE	VD <input checked="" type="checkbox"/> Delete		TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	LUTOWSKI, BARBARA		NAME	Jeanette Yager	
STREET ADDRESS	10190 IMPERIAL POINT DR. W., #13		STREET ADDRESS	10190 Imperial Point Dr. W., #25	
CITY-ST-ZIP	LARGO, FL 33774		CITY-ST-ZIP	Largo, FL 33774	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 			4/10/06 (727) 394-2809		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					