

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 720825

FILED  
Apr 13, 2006  
Secretary of State

**Entity Name:** IMPERIAL POINT PROPERTY OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

14950 SOVEREIGN DR  
LARGO, FL 33774

**New Principal Place of Business:**

**Current Mailing Address:**

14950 SOVEREIGN DR  
LARGO, FL 33774

**New Mailing Address:**

**FEI Number:** 59-1954021

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RESOURCE PROPERTY MANAGEMENT  
7300 PARK STREET  
SEMINOLE, FL 33777 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: HANNAH, BENJAMIN A  
Address: 14725 CROWN DR.  
City-St-Zip: LARGO, FL 33774

Title: SD ( ) Delete  
Name: DREWS, BARBARA  
Address: 14323 NEPTUNE RD.  
City-St-Zip: SEMINOLE, FL 33776

Title: TD ( ) Delete  
Name: KOHL, CARL A  
Address: 14969 CROWN DRIVE  
City-St-Zip: LARGO, FL 33774

Title: VD ( ) Delete  
Name: TRAYLER, MARTIN  
Address: 10285 MAJESTIC DRIVE  
City-St-Zip: LARGO, FL 33774

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: GRANT, GARY  
Address: 10287 IMPERIAL POINT DR.  
City-St-Zip: LARGO, FL 33774

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TD (X) Change ( ) Addition  
Name: BAXTER, DOUG  
Address: 14957 CROWN DRIVE  
City-St-Zip: LARGO, FL 33774

Title: DV (X) Change ( ) Addition  
Name: STUVER, JAMES  
Address: 10101 HAMLIN BLVD  
City-St-Zip: SEMINOLE, FL 33776

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: GARY GRANT

PD

04/13/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date