

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 726052 (4)

1. Corporation Name
IMPERIAL POINT CONDOMINIUM V ASSOCIATION, INC.



Principal Place of Business Mailing Address
C/O INFINITI PROPERTY INC. 1301 SEMINOLE BLVD., SUITE #110 LARGO FL 34640-5183 US
C/O INFINITI PROPERTY 1301 SEMINOLE BLVD., SUITE #110 LARGO FL 34640-5183 US

21	2. Principal Place of Business	2a	Mailing Address
22	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
23	City & State	27	City & State
24	Zip	28	Zip
25	Country	29	Country
30			

3. Date Incorporated or Qualified	04/09/1973	3a. Date of Last Report	04/27/1995
4. FEI Number	59-1535732	Applied For	<input type="checkbox"/>
		Not Applicable	<input type="checkbox"/>
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
INFINITI PROPERTY MANAGEMENT 1301 SEMINOLE BLVD., SUITE #110 LARGO FL 34640-5183		81	Name
		82	Street Address (P.O. Box Number is Not Acceptable)
		83	
		84	City
		85	Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature panel when registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONTS, JACK	1.2 NAME	
STREET ADDRESS	10215 REGAL DR #46	1.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACDONALD, DAVE	2.2 NAME	
STREET ADDRESS	10215 REGAL DR., #19	2.3 STREET ADDRESS	#22
CITY-ST-ZIP	LARGO FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAMILTON, BILL	3.2 NAME	V/D
STREET ADDRESS	10215 REGAL DR #21	3.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRIVETT, MARTHA	4.2 NAME	
STREET ADDRESS	10215 REGAL DR. #10	4.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL	4.4 CITY-ST-ZIP	
TITLE	VD	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOLHEIM, ARTHUR	5.2 NAME	D
STREET ADDRESS	10215 REGAL DR. #48	5.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jack A. Monts Jack A. Monts 4-4-96 (813)596-8648

CR2E037 (12/95)