

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 20 1998 8:00am
Secretary of State

| | | |
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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | 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 C/O INFINITI PROPERTY INC. 1301 SEMINOLE BLVD., SUITE #110 LARGO FL 34640-5183 US | Mailing Address C/O INFINITI PROPERTY 1301 SEMINOLE BLVD., SUITE #110 LARGO FL 34640-5183 US |
|---------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|

3. Date Incorporated or Qualified
04/09/1973

4. FEI Number
59-1535732

| | |
|-------------|----------------|
| Applied For | Not Applicable |
|-------------|----------------|

2. Principal Place of Business
 21 Suite, Apt. #, etc.

2a. Mailing Address
 26 Suite, Apt. #, etc.

22 City & State
 23

24 Zip **33770** 25 Country
 26

27 City & State
 28

29 Zip **33770** 30 Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

9. Name and Address of Current Registered Agent
INFINITI PROPERTY MANAGEMENT
1301 SEMINOLE BLVD., SUITE #110
LARGO FL 34640-5183

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City
FL 85 Zip Code **33770**

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 required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | |
|----------------------------|-----------------------------------------------|
| TITLE | P <input checked="" type="checkbox"/> DELETE |
| NAME | MONTS, JACK |
| STREET ADDRESS | 10215 REGAL DR #46 |
| CITY-ST-ZIP | LARGO FL |
| TITLE | VD <input type="checkbox"/> DELETE |
| NAME | EVANS, JACK |
| STREET ADDRESS | 10215 REGAL DR, 41 |
| CITY-ST-ZIP | LARGO FL |
| TITLE | VD <input checked="" type="checkbox"/> DELETE |
| NAME | HAMILTON, BILL |
| STREET ADDRESS | 10215 REGAL DR #21 |
| CITY-ST-ZIP | LARGO FL |
| TITLE | SD <input type="checkbox"/> DELETE |
| NAME | BARTHELME, LAVERNE |
| STREET ADDRESS | 10215 REGAL DR, 29 |
| CITY-ST-ZIP | LARGO FL |
| TITLE | TD <input checked="" type="checkbox"/> DELETE |
| NAME | ROE, RALPH |
| STREET ADDRESS | 112 SWIFTCREEK LN |
| CITY-ST-ZIP | COLONIAL HEIGHTS VA |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|-------------------------------------------------------|----------------------------------------------------------------------------------|
| 1.1 TITLE | T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | BARLIK, LEONARD |
| 1.3 STREET ADDRESS | 10215 REGAL DR., #40 |
| 1.4 CITY-ST-ZIP | LARGO, FL 33774 |
| 2.1 TITLE | P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME | KOLLENBERG, PAUL |
| 3.3 STREET ADDRESS | 10215 REGAL DR., #9 |
| 3.4 CITY-ST-ZIP | LARGO, FL 33774 |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME | WRIGHT, GRACE |
| 5.3 STREET ADDRESS | 10215 REGAL DR., #49 |
| 5.4 CITY-ST-ZIP | LARGO, FL 33774 |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 Evans* **JACK EVANS 4/13-98 596-3060**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0003724

CR2E037 (10/97)