

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 22, 2002 8:00 am**  
**Secretary of State**

04-22-2002 90211 047 \*\*\*\*61.25

**DOCUMENT # 726052**

1. Entity 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 33770

C/O INFINITI PROPERTY  
 1301 SEMINOLE BLVD., SUITE #110  
 LARGO FL 33770  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1535732**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**INFINITI PROPERTY MANAGEMENT**  
**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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**\*FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	BRUCKLER, ALFRED	
STREET ADDRESS	10215 REGAL DRIVE #13	
CITY-ST-ZIP	LARGO FL 33774	
TITLE	PTD	<input type="checkbox"/> Delete
NAME	MCCARTHY, ROBERT	
STREET ADDRESS	10215 REGAL DRIVE #12	
CITY-ST-ZIP	LARGO FL 33774	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BYREN, GERRY	
STREET ADDRESS	10215 REGAL DRIVE #2	
CITY-ST-ZIP	LARGO FL 33774	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FREDERICK, MARIA	
STREET ADDRESS	10215 REGAL DR #37	
CITY-ST-ZIP	LARGO FL 33774	
TITLE	SD	<input type="checkbox"/> Delete
NAME	FRIEDMAN, JOHN	
STREET ADDRESS	10215 REGAL DRIVE #25	
CITY-ST-ZIP	LARGO FL 33774	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ZORLAND, PATRICIA	
STREET ADDRESS	10215 REGAL DRIVE #39	
CITY-ST-ZIP	LARGO, FL 33774	
TITLE	T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOAN	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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 empoweres.

SIGNATURE:

*Robert McArthur*

Robert McArthur

4/9/02

(727) 517-1374

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)