


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 14, 2006 8:00 am**  
**Secretary of State**

04-14-2006 90125 028 \*\*\*\*61.25

**DOCUMENT # 726052**

1. Entity Name  
**IMPERIAL POINT CONDOMINIUM V ASSOCIATION, INC.**



Principal Place of Business  
**C/O INFINITI PROPERTY INC.  
 1301 SEMINOLE BLVD., SUITE #110  
 LARGO, FL 33770 US**

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



2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

03202006 Chg-NP CR2E037 (11/05)

6. Name and Address of Current Registered Agent  
**INFINITI PROPERTY MANAGEMENT  
 1301 SEMINOLE BLVD., SUITE #110  
 LARGO, FL 33770**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (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.  **\$5.00** May Be Added to Fees

**Make check payable to Florida Department of State**

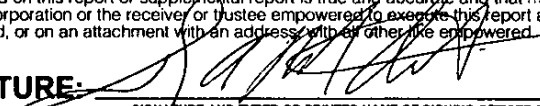
10. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> Delete
NAME	BRUCKLER, ALFRED	
STREET ADDRESS	10215 REGAL DRIVE #13	
CITY-ST-ZIP	LARGO, FL 33774	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MCARTHUR, ROBERT	
STREET ADDRESS	10215 REGAL DRIVE #12	
CITY-ST-ZIP	LARGO, FL 33774	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BYREN, GERRY	
STREET ADDRESS	10215 REGAL DRIVE #2	
CITY-ST-ZIP	LARGO, FL 33774	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	ZORLAND, PATRICIA	
STREET ADDRESS	10215 REGAL DR., #39	
CITY-ST-ZIP	LARGO, FL 33774	
TITLE	TD	<input type="checkbox"/> Delete
NAME	FRIEDMAN, JOAN	
STREET ADDRESS	10215 REGAL DRIVE #25	
CITY-ST-ZIP	LARGO, FL 33774	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input 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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STOREY, DOUG	
STREET ADDRESS	10215 REGAL DRIVE #16	
CITY-ST-ZIP	LARGO, FL 33774	
TITLE		<input 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		

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 or without other like empowered.

**SIGNATURE:**   
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **4/12/06** Daytime Phone #: **727.517.1374**