## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## Mar 20, 2008 08:00 Al **DOCUMENT # 726052** 1. Enuty Name **Secretary of State** IMPERIAL POINT CONDOMINIUM V ASSOCIATION, Principal Place of Business Mailing Address C/O INFINITI PROPERTY INC. 1301 SEMINOLE BLVD., SUITE #110 C/O INFINITI PROPERTY 1301 SEMINOLE BLVD., SUITE #110 **LARGO FL 33770 LARGO FL 33770** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Sultu. Apt. #, etc. 1st MOORE CR2E037 (10/07) City & State City & State 4. FEI Number Applied For 59-1535732 Not Applicable Zip Country Zip Country \$8.75 Additional [ 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name INFINITI PROPERTY MANAGEMENT Street Address (P.O. Box Number is Not Acceptable) 1301 SEMINOLE BLVD., SUITE #110 LARGO FL 33770 City 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 Fforida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or conted name of registered agent and title if applicable. (NOTE: Registered Agent signature received when reinstating) FILE NOW FEE IS \$61.25 Due By May 1, 2008 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE Delete Change Addition ü00000864878 SCHMIDTCHEN, GLORIA M HAME NAME 04/07/08-80005-007 61.25 10215 REGAL DR #23 STREET ADDRESS STREET ADDRESS LARGO FL 33774 CITY-ST-ZIP CITY-ST-ZiP PD TITLE Delete TITLE □ Change ☐ Addition MCARTHUR, ROBERT NAME NAME 10215 REGAL DRIVE #12 STREET ADDRESS STREET ADDRESS **LARGO FL 33774** CITY-ST-ZIP CiTY-ST-ZiP Vΰ Change Addition TITLE ☐ Delete TITLE STORIE, RAE D NAME NAME 10215 REGAL DR 16 STREET ADDRESS STREET ADDRESS **LARGO FL 33774** CITY-ST-7/P CITY - ST-7/P TITLE STD ☐ Delete TITLE Change Addition FRIEDMAN, JOAN NAME NAME 10215 REGAL DRIVE #25 STREET ADDRESS STREET ADDRESS. LARGO FL 33774 CITY-ST-ZiP CITY-ST-ZIP THLE Delete TITLE Change | ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CUTY-ST-ZiP CITY-ST-ZIP ☐ Change TITLE Delete THEFT ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 Fam 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 arguitachment with an address, with all other like empowered.

SIGNATURE: Potent 1/2 (20)

3/1.1/18

**FILED**