

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 726052

FILED  
Mar 10, 2011  
Secretary of State

Entity Name: IMPERIAL POINT CONDOMINIUM V ASSOCIATION, INC.

## Current Principal Place of Business:

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

## New Principal Place of Business:

C/O QUALIFIED PROPERTY MGMT INC.  
5901 US HWY 19, STE 7Q  
NEW PORT RICHEY, FL 34652 US

## Current Mailing Address:

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

## New Mailing Address:

C/O QUALIFIED PROPERTY MGMT INC.  
5901 US HWY 19, STE 7Q  
NEW PORT RICHEY, FL 34652 US

FEI Number: 59-1535732

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

QUALIFIED PROPERTY MANAGEMENT  
5901 US 19 N.  
SUITE 7Q  
NEW PORT RICHEY, FL 34652 US

## Name and Address of New Registered Agent:

QUALIFIED PROPERTY MANAGEMENT INC  
5901 US 19 N.  
SUITE 7Q  
NEW PORT RICHEY, FL 34652 US

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: MARY WHITE

03/10/2011

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD  
Name: WOOD, ERNIW  
Address: 10215 REGAL DR #10  
City-St-Zip: LARGO, FL 33774

Title: VP  
Name: STORIE, ROSLYN  
Address: 10215 REGAL DRIVE #16  
City-St-Zip: LARGO, FL 33774

Title: TD  
Name: RENDER, ANNABELLE  
Address: 10215 REGAL DR #38  
City-St-Zip: LARGO, FL 33774

Title: SD  
Name: WILLIAMS, PAMELA  
Address: 10215 REGAL DRIVE #46  
City-St-Zip: LARGO, FL 33774

Title: D  
Name: SCHMIDTCHEN, GLORIA  
Address: 10215 REGAL DRIVE, #23  
City-St-Zip: LARGO, FL 33774

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ERNIE WOOD

PD

03/10/2011

Electronic Signature of Signing Officer or Director

Date