

726052

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

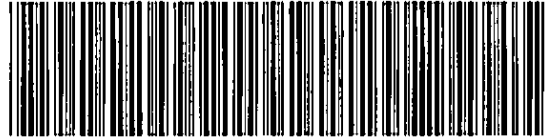
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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CLERK OF COURT  
TALLAHASSEE, FL

*[Handwritten signature]*



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

AUG 08 2022

July 22, 2022

THOMAS KAPPER  
10825 SEMINOLE BLVD UNIT #1  
LARGO, FL 33778

SUBJECT: IMPERIAL POINT CONDOMINIUM V ASSOCIATION, INC.  
Ref. Number: 726052

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

Our office has no record of SHADOW LAKES PROPERTY MANAGEMENT CO.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Querida R Silas  
Regulatory Specialist II

Letter Number: 722A00016454

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TALLAHASSEE, FL

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Imperial Point Condominium V Association, Inc  
Name of Corporation

DOCUMENT NUMBER: 726052

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Thomas Kapper  
Name of Contact Person

Shadow Lakes Development Company  
Firm/Company

10825 Seminole Blvd. Unit 1  
Address

Largo FL 33778  
City/State and Zip Code

E-mail address: (to be used for future annual report notification) shadowlakemgmt@aol.com

For further information concerning this matter, please call:

Natalie Noble at ( 727 ) 397-1192  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 800  
Tallahassee, FL 32303

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DEPARTMENT OF STATE

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH  
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FL in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Imperial Point Condominium JV Association, Inc
2. The principal office address: 10825 Seminole Blvd unit #1  
Largo, FL 33778
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 04/09/1973 Document number: 726052
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

resigned  
Qualified Property Management Inc  
5901 US Hwy 19 Suite 20 New Port Richey, FL

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Shadow Lakes Development Company  
10825 Seminole Blvd. Unit #1  
Largo FL 33778  
P.O. Box NOT acceptable

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TALLAHASSEE, FL

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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

[Signature]  
Signature of an officer or director

Joanna Picurro HOA Board President  
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

[Signature]  
Signature of Registered Agent

8-2-2022  
Date

If signing on behalf of an entity:

THOMAS KAPPEL  
Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE