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Apr 23 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **746266** **(6)**

1. Corporation Name
IMPERIAL POINTE VILLAS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2430 ESTANCIA BLVD #114 CLEARWATER FL 34621 US	2430 ESTANCIA BLVD #114 CLEARWATER FL 34621-2607 US

3. Date Incorporated or Qualified: **03/16/1979**
3a. Date of Last Report: **03/11/1996**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: **59-2010276** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

FLORIDA CENTRAL MANAGEMENT
2430 ESTANCIA BLVD
SUITE 114
CLEARWATER 34621

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	T D	☒ DELETE	1.1 TITLE	VD	☐ Change ☐ Addition
NAME	SANSTROM, BOB		1.2 NAME	Ray Pratt	
STREET ADDRESS	10185 REGAL DRIVE		1.3 STREET ADDRESS	14951 Regal Dr.	
CITY-ST-ZIP	LARGO FL		1.4 CITY-ST-ZIP	Largo, Fl. 34644	
TITLE	P D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MASON, CHARLOTTE		2.2 NAME		
STREET ADDRESS	433 22ND STREET		2.3 STREET ADDRESS		
CITY-ST-ZIP	BELLEAIR BEACH FL		2.4 CITY-ST-ZIP		
TITLE	T D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SANSTROM, ROBERT		3.2 NAME		
STREET ADDRESS	10185 REGAL DR		3.3 STREET ADDRESS		
CITY-ST-ZIP	LARGO, FL 00000		3.4 CITY-ST-ZIP		
TITLE	S	☒ DELETE	4.1 TITLE	SD	☐ Change ☒ Addition
NAME	BROWNLIE, DOROTHY		4.2 NAME	Wolf, George	
STREET ADDRESS	14957 REGAL DR		4.3 STREET ADDRESS	14952 Regal Dr.	
CITY-ST-ZIP	LARGO FL		4.4 CITY-ST-ZIP	Largo, Fl. 33774	
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	EBBERT, JOSIE		5.2 NAME		
STREET ADDRESS	10191 REGAL DR		5.3 STREET ADDRESS		
CITY-ST-ZIP	LARGO FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	KELLY, MARY		6.2 NAME		
STREET ADDRESS	14955 REGAL DR		6.3 STREET ADDRESS		
CITY-ST-ZIP	LARGO FL		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [illegible] 4/9/97 813/797-6011