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Apr 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **746266** (6)

1. Corporation Name

IMPERIAL POINTE VILLAS ASSOCIATION, INC.

Principal Place of Business

**2430 ESTANCIA BLVD
#114
CLEARWATER FL 34621
US**

Mailing Address

**2430 ESTANCIA BLVD
#114
CLEARWATER FL 34621
US**



3. Date Incorporated or Qualified

03/16/1979

4. FEI Number

59-2010276

Applied For

Not Applicable

2. Principal Place of Business

21
Suite, Apt. #, etc.

22
City & State

23
Zip

25
Country

24

2a. Mailing Address

26
Suite, Apt. #, etc.

27
City & State

28
Zip

30
Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **VD** ☒ DELETE
NAME **PRATT, RAY**
STREET ADDRESS **14951 REGAL DR**
CITY-ST-ZIP **LARGO FL**

TITLE **P** ☒ DELETE
NAME **MASON, CHARLOTTE**
STREET ADDRESS **433 22ND STREET**
CITY-ST-ZIP **BELLEAIR BEACH FL**

TITLE **T** ☒ DELETE
NAME **SANSTROM, ROBERT**
STREET ADDRESS **10185 REGAL DR**
CITY-ST-ZIP **LARGO, FL 00000**

TITLE **SD** ☐ DELETE
NAME **WOLF, GEORGE**
STREET ADDRESS **14952 REGAL DR**
CITY-ST-ZIP **LARGO FL**

TITLE **D** ☒ DELETE
NAME **EBBERT, JOSIE**
STREET ADDRESS **10191 REGAL DR**
CITY-ST-ZIP **LARGO FL**

TITLE **D** ☐ DELETE
NAME **KELLY, MARY**
STREET ADDRESS **14955 REGAL DR**
CITY-ST-ZIP **LARGO FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☒ Change ☐ Addition
1.2 NAME **Charlotte MASON**
1.3 STREET ADDRESS **433 22nd St.**
1.4 CITY-ST-ZIP **Belleair Beach, FL 34634**

2.1 TITLE **TD** ☒ Change ☐ Addition
2.2 NAME **Bob Sanstrom**
2.3 STREET ADDRESS **10185 Regal Dr.**
2.4 CITY-ST-ZIP **Largo, FL 33774**

3.1 TITLE **VD** ☒ Change ☐ Addition
3.2 NAME **Josie Ebbert**
3.3 STREET ADDRESS **10191 Regal Dr.**
3.4 CITY-ST-ZIP **Largo, FL 33774**

4.1 TITLE **D** ☐ Change ☒ Addition
4.2 NAME **Joan Sherman**
4.3 STREET ADDRESS **14805 Regal Dr.**
4.4 CITY-ST-ZIP **Largo, FL 33774**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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:

Robert L. Sanstrom

3-31-98 596-0730

CP2E037 (10/97)