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Secretary of State
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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **746266**

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 US

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualifed
03/16/1979

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

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

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

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	D	☒ DELETE	1.1 TITLE	D	☐ Change ☒ Addition
NAME	SHERMAN, JOAN		1.2 NAME	SAITTA, MYRTILLA	
STREET ADDRESS	14805 REGAL DR		1.3 STREET ADDRESS	14815 REGAL DR.	
CITY-ST-ZIP	LARGO FL 33774		1.4 CITY-ST-ZIP	LARGO, FL, 33774	
TITLE	PD	☐ 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 34634		2.4 CITY-ST-ZIP		
TITLE	TD	☒ DELETE	3.1 TITLE	TD	☒ Change ☐ Addition
NAME	SANSTROM, ROBERT		3.2 NAME	SANSTROM, GLADYS	
STREET ADDRESS	10185 REGAL DR		3.3 STREET ADDRESS	10185 REGAL DR.	
CITY-ST-ZIP	LARGO, FL 00000 33774		3.4 CITY-ST-ZIP	LARGO, FL 33774	
TITLE	SD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	WOLF, GEORGE		4.2 NAME		
STREET ADDRESS	14952 REGAL DR		4.3 STREET ADDRESS		
CITY-ST-ZIP	LARGO FL		4.4 CITY-ST-ZIP		
TITLE	VD	☐ 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 33774		5.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	6.1 TITLE	D	☐ Change ☒ Addition
NAME	KELLY, MARY		6.2 NAME	BROWNLIE, DOROTHY	
STREET ADDRESS	14955 REGAL DR		6.3 STREET ADDRESS	14957 REGAL DR	
CITY-ST-ZIP	LARGO FL		6.4 CITY-ST-ZIP	LARGO, FL, 33774	

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: [illegible] SECRETARY REQUIRED 2/9/99 727-596-2127
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #