

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90136 018 ****61.25

0054793

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

2430 ESTANCIA BLVD
#114
CLEARWATER FL 34621
US

Mailing Address

2430 ESTANCIA BLVD
#114
CLEARWATER FL 34621
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		03/16/1979	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2010276	
24 Country		29 Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
25		30		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

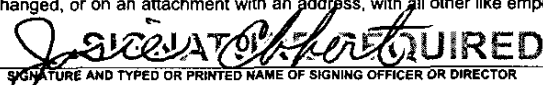
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL 85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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	BROWNIE, DOAOTHY
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

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 affidavit, with all other like empowered.

SIGNATURE:  REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/99 727-596-2127
Date Daytime Phone #

CR2E037 (1/98)