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

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

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

|--|--|

Sulfa, Apt. #, etc.										
Sulfe, Apt. #, efc.   Sec.   Sec.	2. Principal Pl				3. Date Incorporated or Qualifed					
Second   S	21		26				1 1.	<del></del>		
City & State    City & State	Suite, Apt. #, etc. Suite, Apt. #, etc.						_ <del> </del>			
Secreticate of Status Desired   Fee Required   Fee Required   Zip						59-2010276	<del></del>			
Zip   Country   Zip   Country   Zip   Country   St.00 May Be   Added to Fees	¬,									
PLORIDA CENTRAL MANAGEMENT 2430 ESTANCIA BLVD SUITE 114 CLEARWATER 34621  11. Provisions of Sections 617,0502 and 617,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, I am familiar with, and accept the obligations of, Section 617,0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, I am familiar with, and accept the obligations of, Section 617,0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, I am familiar with, and accept the obligations of, Section 617,0503, Florida Statutes.  SIGNATURE  10. OFFICERS AND DIRECTORS  TITLE  10. OFFICERS AND DIRECTORS  TITLE  10. SHEMAN, JOAN  11. SITRET ADDRESS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1  13. TITLE  10. SHEMAN, JOAN  13. TITLE  10. SHEMAN, JOAN  14. CITY-ST-2P  14805 REGAL DR  15805 REGAL DR  15805 ZIP Code  1580					Country 6. Election Campaign Financing			May Be		
FLORIDA CENTRAL MANAGEMENT 2430 ESTANCIA BLVD SUITE 114 CLEARWATER 34621  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 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, 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 agent. I am familiar with, and accept the obligations of, Section 617.0503. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered or formation of the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 617.0503. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 617.0503. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 617.0503. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 617.0503. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with a purpose of changing its registered agent. I am familiar with a purpose of changing its registered agent. I am familiar with a purpose of changing its registered agent. I am familiar with a purpose of changing its registered agent. I am familiar with a purpose of changing its registered agent. I am familiar with a purpose of changing its registered agent. I am familiar with a corporation approach are neglected by the corporation's board of directors. I	24	25	29	30		Trust Fund Contribution	Added to	Fees		
FLORIDA CENTRAL MANAGEMENT 2430 ESTANCIA BLVD SUITE 114 CLEARWATER 34621  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 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, and familiar with, and accept the obligations of, Section 617,0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, and familiar with, and accept the obligations of, Section 617,0503, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, and familiar with, and accept the obligations of, Section 617,0503, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, and familiar with, and accept the obligations of, Section 617,0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, and familiar with, and accept the obligations of, Section 617,0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, and statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, and the corporation's board of directors. I hereby accept the appointment as registered agent, and the corporation's board of directors. I hereby accept the appointment as registered agent, and the corporation's board of directors. I hereby accept the appointment as registered agent, and the corporation's board of directors. I hereby accept the objectors. I h	•	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered A	\gent			
2430 ESTANCIA BLVD SUITE 114 CLEARWATER 34621  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 agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE  SIGNATURE  OFFICERS AND DIRECTORS  TITLE  D SHERMAN, JOAN  12. OFFICERS AND DIRECTORS  TITLE  D SHERMAN, JOAN  13. STREET ADDRESS  14905 REGAL DR  1407-51-2P  PD D DELETE  21. TITLE  PD D DELETE  22. NAME  ANASON, CHARLOTTE  STREET ADDRESS  TITLE  D SANSTROM, ROBERT  TITLE  TO SANSTROM, ROBERT  TITLE  D SANSTROM, ROBERT  10. SANSTROM, ROBERT  TITLE  D SANSTROM, ROBERT  TITLE  D SANSTROM, ROBERT  TITLE  D SANSTROM, ROBERT  10. SANSTROM, FLOROGE  4. TITLE  D SANSTROM, FLOROGE  4. TITLE  D SANSTROM, FLOROGE  10. TITLE  TO SANSTROM, ROBERT  TITLE  D SANSTROM, ROBERT  TITLE  D SANSTROM, ROBERT  TITLE  D SANSTROM, ROBERT  TITLE  TO SANST				81	Name					
2430 ESTANCIA BLVD SUITE 114 CLEARWATER 34621  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 agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE  SIGNATURE  OFFICERS AND DIRECTORS  TITLE  D SHERMAN, JOAN  12. OFFICERS AND DIRECTORS  TITLE  D SHERMAN, JOAN  13. STREET ADDRESS  14905 REGAL DR  1407-51-2P  PD D DELETE  21. TITLE  PD D DELETE  22. NAME  ANASON, CHARLOTTE  STREET ADDRESS  TITLE  D SANSTROM, ROBERT  TITLE  TO SANSTROM, ROBERT  TITLE  D SANSTROM, ROBERT  10. SANSTROM, ROBERT  TITLE  D SANSTROM, ROBERT  TITLE  D SANSTROM, ROBERT  TITLE  D SANSTROM, ROBERT  10. SANSTROM, FLOROGE  4. TITLE  D SANSTROM, FLOROGE  4. TITLE  D SANSTROM, FLOROGE  10. TITLE  TO SANSTROM, ROBERT  TITLE  D SANSTROM, ROBERT  TITLE  D SANSTROM, ROBERT  TITLE  D SANSTROM, ROBERT  TITLE  TO SANST	ELODIDA CENTRAL MANAGEMENT				821 Street Address (P.O. Box Number is Not Acceptable)					
SUITE 114 CLEARWATER 34621  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 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, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE  Signature, typed or primited name of registered agent and ittle if appricable (NOTE Registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.  TITLE  D D DELETE  1.1 TITLE  D D DELETE  1.1 TITLE  PD D DELETE  2.1 TITLE  PD D DELETE  2.1 TITLE  PD D DELETE  2.1 TITLE  3.3 TAPA DELETE  2.1 TITLE  PD D DELETE  2.1 TITLE  3.3 TAPA DELETE  2.1 TITLE  3.3 TAPA DELETE  2.1 TITLE  3.3 TAPA DELETE  3.1 TITLE  3.1 TITLE  3.1 TITLE  3.2 NAME  3.3 NAME  3.3 NAME  3.4 City -St - 2P  3.4 City -St - 2P  3.5 TREET ADDRESS  4.4 City -St - 2P  4.5 TO D DELETE  3.1 TITLE  5.4 DATE  4.5 City -St - 2P  5.5 City -St - 2P  5.6 City -St - 2P  5.7 D SANSTROM, GLAPOYS  1.0 185 REGAL DR  1.0 TO SANSTROM, ROBERT  5.7 D SANSTROM, GLAPOYS  1.0 185 REGAL DR  1.1 TITLE  5.0 DELETE  4.1 TITLE  5.0 DELETE  5.1 TITLE  5.1 TIT					Suget Address (F.O. Box Hambor is Not Acceptable)					
CLEARWATER 34621  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 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, 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, 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 and accept the obligations of, Section 617,0503, Florida Statutes.  SIGNATURE  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.  TITLE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.  TITLE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.  14. CITY-ST-ZEP  15. TITLE  15. TITLE				83						
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 agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE  Signature. Signature. Signature of registered agent and title if apprication. (NOTE: Registered Agent signature required when reinstating)  OFFICERS AND DIRECTORS  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1:  TITLE  NAME  SHERMAN, JOAN  12 NAME  SHERFADORESS  14805 REGAL DR  14 CITY-ST-ZIP  LARGO FL 33774  14 CITY-ST-ZIP  MASON, CHARLOTTE  22 NAME  33 22ND STREET  22 STREET ADDRESS  10185 REGAL DR  13. TITLE  10 SANSTROM, ROBERT  22 STREET ADDRESS  14 CITY-ST-ZIP  MASON, CHARLOTTE  32 NAME  32 NAME  33 3779  CTY-ST-ZIP  NAME  SANSTROM, ROBERT  10185 REGAL DR  13 STREET ADDRESS  10185 REGAL DR  13 STREET ADDRESS  10185 REGAL DR  14 CITY-ST-ZIP  10 SANSTROM, GL AROYS  10185 REGAL DR  13 STREET ADDRESS  10185 REGAL DR  14 CITY-ST-ZIP  17 D  18 SANSTROM, GL AROYS  10185 REGAL DR  14 STREET ADDRESS  10185 REGAL DR  15 STREET ADDRESS  10185 RE				-	<b>A</b>		loe I Zin C			
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, and accept the obligations of, Section 617.9503, Floridal Statutes.  SIGNATURE    12						• • •	1 1			
agent. I am familiar with, and accept the obligations of, Section 617.0903, Florida Statutes.  SIGNATURE    Signature, typed or printed name of registered agent and title if applicable   (NOTE, Registered Agent signature reduired when reinistating)   DATE	11. Pursuant t	to the provisions of Sections 617.0502	and 617.1508, Florida Statute	es, the above	e-named o	corporation submits this statement for the purpose of cration's board of directors. I hereby accept the appoint	changing its r	egistered istered		
SIGNATURE   Signature, hyped or printed name of registered agent and title if applicable   (NOTE Registered Agent signature required when reinistating)	office or re	egistered agent, or both, in the State of m familiar with, and accept the obligation	ns of, Section 617.0503, Flor	rida Statutes	une corpor	fation's board of directors. Thereby accept the appoint	unom do rog	1010100		
Signature, typed or printed name of registered agent and title if appricable   (NOTE: Registered Agent signature required when reinstating)   DATE	-									
TITLE	SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable (NOTE:	Registered Ager	t signature re	name who were the same of the				
NAME   SHERMAN, JOAN   12   NAME   13   STREET ADDRESS   14805   REGAL DR   16805   REG	12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AN				
14805 REGAL DR	TITLE	D	🗷 DELETE	1.1 TITLE			Change	Addition		
STREET ADDRESS   14805 REGAL DR	NAME	SHERMAN, JOAN		1.2 NAME						
TITLE	STREET ADDRESS			1.3 STREET						
TITLE	CITY-ST-ZIP	,		1.4 CITY- S	CITY-ST-ZIP - 4940, F4, 33774		<del> </del>	_		
STREET ADDRESS   STREET ADDRESS   STREET ADDRESS   STREET ADDRESS   STREET ADDRESS   SANSTROM, ROBERT   SANSTROM, GLADYS   IO185 REGAL DR.   IO185 REGAL DR		- Decemen		2.1 TITLE			☐ Change	Addition		
STREET ADDRESS   STRE	NAME	MASON, CHARLOTTE		2.2 NAME						
CITY-ST-ZIP   BELLEAIR BEACH FL 34634   2.4 CITY-ST-ZIP	STREET ADDRESS			2.3 STREET	ADDRESS					
TITLE         TD         DELETE         3.1 TITLE         TD         SChange         Add           NAME         SANSTROM, ROBERT         3.2 NAME         3.2 NAME         5ANSTROM, GLADYS         10185 REGAL DR         10185 REGAL DR         10185 REGAL DR         3.3 STREET ADDRESS         10185 REGAL DR         10				2. 4 CITY-5	T-ZIP	· • • • • • • • • • • • • • • • • • • •				
CITY-ST-ZIP			DELETE	3.1 TITLE	1	TO	Change Change	☐ Addition		
CITY-ST-ZIP	NAME			3.2 NAME		SANSTROM, GLADYS				
CITY-ST-ZIP	ì	SANOTHOM, NOBERT		3.3 STREE	ADORESS	10185 REGAL DR.				
TITLE         SD         DELETE         4.1 TITLE         Change         Add           NAME         WOLF, GEORGE         4.2 NAME		FO TO THE CORE DIT		3.4. CITY-S	T-ZIP	LARGO, FL 33774				
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         VO         DELETE         5.1 TITLE           NAME         EBBERT, JOSIE         52 NAME           STREET ADDRESS         10191 REGAL DR         5.3 STREET ADDRESS				4.1 TITLE			Change	☐ Addition		
STREET ADDRESS   14952 REGAL DR		<del></del>		4. 2 NAME						
CITY-ST-ZIP         LARGO FL         44 CITY-ST-ZIP           TITLE         VD         DELETE         51 TITLE         Change         Add           NAME         EBBERT, JOSIE         52 NAME           STREET ADDRESS         10191 REGAL DR         53 STREET ADDRESS		-		4.3 STREET	ADDRESS					
TITLE VD DELETE 5.1 TITLE CHange Adv  NAME EBBERT, JOSIE STREET ADDRESS 10191 REGAL DR  5.1 TITLE 5.1 TITLE 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS		· · · · · - · · - · · · - · · · · · · ·		4.4 CITY-S	r-ZIP					
NAME EBBERT, JOSIE 52 NAME 53 STREET ADDRESS 10191 REGAL DR 53 STREET ADDRESS	1	□ PELETE		_			Change	Addition		
STREET ADDRESS 10191 REGAL DR 53 STREET ADDRESS		·-		5.2 NAME						
		*		5.3 STREET	ADDRESS					
CITY-ST-ZIP LARGO FL 33774 54 CITY-ST-ZIP		,		5.4 CITY-S	r-ZIP					
CIT-51-2P   DANGO FL 33//4		n	DELETE.			D	☐ Change	Addition		
9000		VELLY MADY		6.2 NAME		BROWNILE. DO AUTHY	-			
	1				ADDRESS	14957 REGAL DR				
1.460 .01 23	1				T. 710	1 4 6/2 15/ 22 may				
14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information	CITY-ST-ZIP	LAKGŲ FL			1-ZIF	- ITT INC ; I - 1 J ) / 7	16 . AL _A IL _ 1_	f		

In 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:

STATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

727-5-96-2/27 Daytime Phone #

CR2E037 (11/9