

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 746266

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2010276

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FLORIDA CENTRAL MANAGEMENT
2430 ESTANCIA BLVD
SUITE 114
CLEARWATER FL 34621

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
RYAN, MAE
10128 LEGAL DR
LARGO FL 33774 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
WOLF, GEORGE
10142 REGAL DR
LARGO FL 33774 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
SANSTROM, GLADYS
10185 REGAL DR
LARGO FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
PRATT, HELEN
10140 REGAL DR
LARGO FL 33774 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
EBBERT, JOSIE
10200 REGAL DR UNIT 11
LARGO FL 33774 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
Josephine C. Ebbert

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BROWNLIE, DOROTHY
10146 REGAL DR
LARGO FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE: *Josephine C. Ebbert*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/02 596-2127
Date Daytime Phone #

FILED
Mar 05, 2001 8:00 am
Secretary of State

03-05-2001 90326 013 *****61.25

C0030238



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)