

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 746266

Entity Name: IMPERIAL POINTE VILLAS ASSOCIATION, INC.**Current Principal Place of Business:**SHADOW LAKES PROPERTY MGMT
10825 SEMINOLE BLVD UNIT #1
LARGO, FL 33778**Current Mailing Address:**SHADOW LAKES PROPERTY MGMT
10825 SEMINOLE BLVD UNIT #1
LARGO, FL 33778 US**FEI Number:** 59-2010276**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SHADOW LAKES MANAGEMENT
SHADOW LAKES PROPERTY MGMT
10825 SEMINOLE BLVD UNIT #1
LARGO, FL 33778 US*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:** THOMAS W KAPPER

04/20/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRES
Name	THUEMLER, TOM
Address	SHADOW LAKES PROPERTY MGMT 10825 SEMINOLE BLVD UNIT #1
City-State-Zip:	LARGO FL 33773

Title	VP
Name	DAWSON, GARY
Address	SHADOW LAKES PROPERTY MGMT 10825 SEMINOLE BLVD UNIT #1
City-State-Zip:	LARGO FL 33778

Title	SEC
Name	FOSTER, DAVID
Address	SHADOW LAKES PROPERTY MGMT 10825 SEMINOLE BLVD UNIT #1
City-State-Zip:	LARGO FL 33778

Title	TREA
Name	SWAIN, TOM
Address	SHADOW LAKES PROPERTY MGMT 10825 SEMINOLE BLVD UNIT #1
City-State-Zip:	LARGO FL 33778

Title	DIRECTOR
Name	ASCHENBACH, DAVID
Address	SHADOW LAKES PROPERTY MGMT 10825 SEMINOLE BLVD UNIT #1
City-State-Zip:	LARGO FL 33778

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: TOM THUEMLER

PRESIDENT

04/20/2022

Electronic Signature of Signing Officer/Director Detail

Date