2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
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Secretary of State
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Entity Name: IMPERIAL POINTE VILLAS ASSOCIATION, INC.

Current Principal Place of Business:

QUALIFIED PROPERTY MANAGEMENT, INC
5901 US HWY 19 STE. 7Q
NEW PORT RICHEY, FL 34652

Current Mailing Address:

QUALIFIED PROPERTY MANAGEMENT, INC
5901 US HWY 19 STE. 7Q
NEW PORT RICHEY, FL 34652 US

FEI Number: 59-2010276

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

QUALIFIED PROPERTY MANAGEMENT, INC
QUALIFIED PROPERTY MANAGEMENT, INC
5901 US HWY 19 STE. 7Q
NEW PORT RICHEY, FL 34652 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: MARY A. WHITE 03/21/2017

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	PRES	Title	VP
Name	THUEMLER, TOM	Name	DAVIS, MEL
Address	QUALIFIED PROPERTY MANAGEMENT, INC 5901 US HWY 19 STE. 7Q	Address	QUALIFIED PROPERTY MANAGEMENT, INC 5901 US HWY 19 STE. 7Q
City-State-Zip:	NEW PORT RICHEY FL 34652	City-State-Zip:	NEW PORT RICHEY FL 34652
Title	SEC	Title	TREA
Name	ESPOSITO, GINNY	Name	DAVIS, MEL
Address	QUALIFIED PROPERTY MANAGEMENT, INC 5901 US HWY 19 STE. 7Q	Address	QUALIFIED PROPERTY MANAGEMENT, INC 5901 US HWY 19 STE. 7Q
City-State-Zip:	NEW PORT RICHEY FL 34652	City-State-Zip:	NEW PORT RICHEY FL 34652
Title	DIRECTOR		
Name	EDSAL, JUDY		
Address	QUALIFIED PROPERTY MANAGEMENT, INC 5901 US HWY 19 STE. 7Q		
City-State-Zip:	NEW PORT RICHEY FL 34652		

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 03/21/2017

Electronic Signature of Signing Officer/Director Detail — Date