FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT #

1. Corporation Name

Principal Place of Business

% INFINITI PROPERTY MGMT

741399

(0)

% INFINITI PROPERTY MGMT

Mailing Address

HIGHLAND LAKES CONDOMINIUM VIII ASSOCIATION, INC.

US 2. Principal Place of Business 2. Principal Place of Business 2. Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 2. City & State 2. City & State 2. Country 2. Country 2. Principal Place of Business 2. Mailing Address 2. Applied For Sp-1792436 2. Applied For Not Applicable 2. Suite, Apt. #, etc. 3. Date Incorporated or Qualified O4/26/1995 4. FEI Number 59-1792436 5. Certificate of Status Desired 5. Certificate of Status Desired 5. Election Campaign Financing Fee Required 6. Election Campaign Financing Added to Fees 6. Election Campaign Financing Added to Fees 6. Financing St. 100 May Be Added to Fees 7. Suite, Apt. #, etc. 7. Suite, Apt. #, etc. 7. Suite, Apt. #, etc. 8. This corporation has liability for intengible tax under s. 199.032.	LARGO FL 34640				LARGO FL 34640										
2. Maining Address s 2. Maining Address s 3. Suite, Apr. 8, etc. City & State Covered Country 2. Suite, Apr. 8, etc. 2. Suite, Apr. 8, etc. 3. Suit					-					•	1 -7 - 1				
Suite, Apt. 4, etc. Suite, Apt. 4, etc.	2. Principal Piace of Business				2a. Mailing Address					4. FEI Number	I		'	r -	
S. Certificate of Status Desired S. Certificate of Status Desired Officers of Status Desired Officers S. Certificate of Sta	21				26					59-1792436		ļ	Not Applic	able	
Country 2	Suite, Apt. #, etc.				<u>⊢</u> 1					1 9. Cerusicate di Status Desired I I					
23 25 26 26 26 26 26 26 27 26 27 26 27 27															
Section Sect	23				28					•					
10. Name and Address of Current Registered Agent	Zip 24	h	Country		, · — · · · · · · · · · · · · · · · · ·										
INFINITI PROPERTY MGMT INC 1301 SEMINOLE BLVD STE 110 LARGO FL 34640 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 diffice formals 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 diffice formals 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 diffice formals 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 diffice formals with an accept the obligations of, Section 617,0503, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered diffice formals with a provision of Section 617,0503, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered diffice formals with a provision of Section 617,0503, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered diffice formals with a provision of Section 617,0503, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered diffice formals with a provision of Section 617,0503, Florida Statutes, the provision of Section 617,0503, Florida Statutes, the provision of Section 617,0503, Florida Statutes, f												-			
1301 SEMINOLE BLVD STE 110 LARGO FL 34640 11. Pursuant to the provisions of Sections 617,0502 and 617,1508, Rordia Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. The provisions of Sections 617,0503 change was authorized by the object of directors. I hereby accept the appointment as registered agent. The purpose of changing its registered agent. The purpose of changing its registered agent in the provision of 17,0503, Rordia Statutes. SIGNATURE SIGNATURE Syralum, beefor printed name of ingulated agent and size it applicable. PD DELETE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS N 12 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS N 12 14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS N 12 15. TRILE 10. DIRECTORS N 12 17. ST.2P PALM HABOR FL 10. DIRECTORS N 12 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS N 12 19. STREET ADDRESS 10. STREE							B 1	Name							
STEE 110 LARGO FL 34640 11. Pursuant to the provisions of Sections 817,0502 and 617,1508, Florida Statutes, the solve named corporation submits this statement for the purpose of changing its registered agent, and adjust, or both, in the State of Forcia. Such change was authorized by the opporation's board of directors. I hereby accept the calligations of, Section 617,0503, Florido Statutes, the solven armed corporation submits this statement for the purpose of changing its registered agent. I am force from the purpose of changing its registered agent. I am force from the purpose of changing its registered agent. I am force from the purpose of changing its registered agent. I am force from the purpose of changing its registered agent. I am force from the purpose of changing its registered agent. I am force from the purpose of changing its registered agent. I am force from the purpose of changing its registered agent and purpose of directors. I hereby accept the appointment as registered agent. I am force from the purpose of changing its registered agent. I am force from the purpose of changing its registered agent. I am force from the purpose of changing its registered agent. I am force from the appointment as registered agent. I am force from the appointment as registered agent. I am force from the appointment as registered agent. I am force from the appointment as registered agent. I am force from the appointment as registered agent. I am force from the appointment as registered agent. I am force from the appointment as registered agent. I am force from the appointment as registered agent. I am force from the appointment as authorized agent agent and agent agen	INFINITI PROPERTY MGMT INC				B2 Street Add			Address	s (P.O. Box Number is Not Acceptal	ble)					
LARGO FL 34840 B4 City FL 85 Zp Code T1. Fursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing last registered agent, or both, in the State of Florida. Such change was authorized by the opporation's board of directors. I hereby accept the appointment as registered agent. It employs an advantage of the opporation as the provision of directors. I hereby accept the appointment as registered agent. It employs an advantage of the opporation's board of directors. I hereby accept the appointment as registered agent. It employs a complete the opporation's board of directors. I hereby accept the appointment as registered agent. It employs a complete the opporation's board of directors. I hereby accept the appointment as registered agent. It employs a complete the opporation's board of directors. I hereby accept the appointment as registered agent. It employs a complete the opporation's board of directors. I hereby accept the appointment as registered agent. It employs a complete the opporation's board of directors. I hereby accept the appointment as registered agent. It employs a complete the opporation's board of directors. I hereby accept the appointment as registered agent. It employs a complete the opporation's board of directors. I hereby accept the appointment as registered agent. It employs a complete the opporation's board of directors. I hereby accept the appointment as registered agent. It employs a complete the opporation's board of directors. I hereby accept the appointment as registered agent. It employs a complete the opporation's board of directors. I hereby accept the appointment as registered agent. It employs a complete the opporation's board of directors. I hereby accept the appointment as registered agent. It employs a complete the opporation of the complete the opporation of the complete the opporation's part of directors. I hereby accept the appointment agent agent and the complete the opporat	1301 SEMINOLE BLVD														
Post	STE 110						ВЗ								
11. Pursuant to the provisions of Sections 617,0502 and 617,1508. Florida Statutus, the abovie-named corporation's braints this statement for the purpose of changing las registered diffice or registered agent, or both, in the State of Priorida Such change was authorized by the corporation's braint of directors. It hereby accept the appointment as registered agent. I am registered agent.	LARGO FL 34640						В4	City			E)	85	Zip Code		
United the properties again, or both, in the state of Fonds SUD Change was authorized by the opporation's board of directors. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of Social 617-0505, Fiorids Statutes. SIGNATURE Control of	11. Pursuant to the provisions of Sections 617,0502 and 617,1508. Florida Statutes, the above paged corporation submits this statement for the purpose of changing its registered													office	
SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.	or registere	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. Lam.													
Styreture, bysed or pretent rained agent are the flacy cable. (NOTE: Registered Sport alignature recursed seven reinstationg) DATE		ramiliar with, and accept the obligations of, Section 617.0503, Florida Statutes.													
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PD		Signature, typed or prin	ted name of registered agent a	nd title if app	icable. (NOTi	E: Registered	Agen	il signature re	equired wh	en reinsteting)	DATE				
NAME STREET ADDRESS 2846-D HIGHLANDS BLVD 1.3 STREET ADDRESS 2745-DP PALM HABOR FL 1.0 DELETE 21 TITLE TD DINATALE, JIM 22 NAME DINATALE, JIM 22 NAME STREET ADDRESS 2842-B HIGHLAND BLVD 23 STREET ADDRESS 2842-B HIGHLAND BLVD 23 STREET ADDRESS 2842-B HIGHLAND BLVD 24 CITY-ST-ZIP PALM HABOR FL 25 NAME STREET ADDRESS 2809-B SHERBROOKE LANE PALM HABOR FL 30 STREET ADDRESS 2809-B SHERBROOKE LANE 33 STREET ADDRESS 2809-B SHERBROOKE LANE 34 CITY-ST-ZIP NAME HYDE, STUART 42 NAME HYDE, STUART 42 NAME NOBSON, THOMAS STREET ADDRESS 2815-C SHERBROOKE LANE 43 STREET ADDRESS 2815-C SHERBROOKE LANE 44 CITY-ST-ZIP PALM HARBOR FL 45 CITY-ST-ZIP PALM HARBOR FL 51 TITLE D Change Addition NAME FRANCESE, NOEL 52 NAME STREET ADDRESS CITY-ST-ZIP PALM HARBOR FL 53 STREET ADDRESS CITY-ST-ZIP PALM HARBOR FL 53 STREET ADDRESS CITY-ST-ZIP PALM HARBOR FL 54 CITY-ST-ZIP PALM HARBOR FL 55 STREET ADDRESS CITY-ST-ZIP ALM HARBOR FL 56 STREET ADDRESS CITY-ST-ZIP ALM HARBOR FL 57 NAME STREET ADDRESS CITY-ST-ZIP ALM HARBOR FL 56 STREET ADDRESS CITY-ST-ZIP ALM HARBOR FL 57 NAME STREET ADDRESS CITY-ST-ZIP ALM HARBOR FL 58 STREET ADDRESS CITY-ST-ZIP ADDRESS CITY-ST-ZIP ALM HARBOR FL 58 STREET ADDRESS CITY-ST-ZIP AD	12.		OFFICERS AND	DIRECTO						<u> </u>		D DIREC	TORS IN 12		
STREET ADDRESS 2846-D HIGHLANDS BLVD 13.STREET ADDRESS 14.CITY-ST-ZIP TD	TITLE	PD			1.1 Ti	1.1 TITLE		[Change	Additi	ion		
City-Si-ZiP PALM HABOR FL 14 City-Si-ZiP	NAME	FULTON, P	HILIP			1.2 NA	1.2 NAME						_		
TITLE TD DELETE 21TITLE 22 NAME 22 NAME 23 STREET ADDRESS CITY-ST-ZIP TITLE SD DELETE 31 TITLE V/D Change Addition Addition Addition Addition Addition Addition PALM HARBOR FL 32 NAME 32 NAME 33 STREET ADDRESS 2809-B SHERBROOKE LANE TITLE VD SDELETE 41 TITLE VD Change Addition Addition ADDRESS 2815-C SHERBROOKE LANE TITLE D Change Addition ROBSON, THOMAS 2842-C HIGHLANDS BLVD. PALM HARBOR FL TITLE D ALCITY-ST-ZIP ALCITY-ST-	STREET ADDRESS	2846-D HIG	HLANDS BLVD		1.3		1.3 STREET ADDRESS							Ì	
DINATALE, JIM STREET ADDRESS 2842-B HIGHLAND BLVD 23 STREET ADDRESS 24 CITY-ST-ZIP PALM HARBOR FL 24 CITY-ST-ZIP TITLE SD DELETE 31 TITLE V/D Addition NAME PLUMMER, MALCOLM STREET ADDRESS 2809-B SHERBROOKE LANE 33 STREET ADDRESS CITY-ST-ZIP PALM HABOR FL 34 CITY-ST-ZIP TITLE VD STREET ADDRESS 2815-C SHERBROOKE LANE 43 STREET ADDRESS 2815-C SHERBROOKE LANE AS STREET ADDRESS 2815-C SHERBROOKE LANE AS STREET ADDRESS 2815-C SHERBROOKE LANE STREET ADDRESS 2821-B SHERBROOKE LANE STREET ADDRESS STREET ADDRESS PALM HARBOR FL STREET ADDRESS STREET	CITY-ST-ZIP	PALM HAB	OR FL	1.4			1.4 CITY-ST-ZIP								
STREET ADDRESS CITY-ST-ZIP PALM HARBOR FL 23 STREET ADDRESS 24 CITY-ST-ZIP TITLE SD DELETE 31 TITLE V/D Change Addition PLUMMER, MALCOLM 32 NAME PLUMMER, MALCOLM STREET ADDRESS 2809-B SHERBROOKE LANE 33 STREET ADDRESS CITY-ST-ZIP PALM HABOR FL 34 CITY-ST-ZIP TITLE VD MAME HYDE, STUART 42 NAME ADDRESS 2815-C SHERBROOKE LANE 43 STREET ADDRESS 2842-C HIGHLANDS BLVD. PALM HARBOR FL 44 CITY-ST-ZIP PALM HARBOR, FL SACTIV-ST-ZIP TITLE DELETE STREET ADDRESS CITY-ST-ZIP PALM HARBOR FL SACTIV-ST-ZIP PALM HARBOR, FL SACTIV-ST-ZIP PALM HARBOR, FL SACTIV-ST-ZIP TITLE DELETE STREET ADDRESS 61 STREET ADDRE	TITLE	TD			DELETE	2.1 TIT	(LE					Change	Additi	ion	
CITY-ST-ZIP PALM HARBOR FL 2 4 CITY-ST-ZIP TITLE SD DELETE 31 TITLE V/D Change Addition NAME PLUMMER, MALCOLM 32 NAME STREET ADDRESS 2809-B SHERBROOKE LANE 33 STREET ADDRESS 2809-B SHERBROOKE LANE 34 CITY-ST-ZIP TITLE VD STORET ADDRESS 2815-C SHERBROOKE LANE 42 NAME ROBSON, THOMAS STREET ADDRESS 2815-C SHERBROOKE LANE 43 STREET ADDRESS 2842-C HIGHLANDS BLVD. CITY-ST-ZIP PALM HARBOR FL 44 CITY-ST-ZIP PALM HARBOR, FL 34684 STREET ADDRESS 2821-B SHERBROOKE LANE 51 STREET ADDRESS 2821-B SHERBROOKE LANE 53 STREET ADDRESS 61 ST	NAME	DINATALE,	JIM		2.2 N		2.2 NAME								
TITLE SD DELETE 31 TITLE V/D Change Addition NAME PLUMMER, MALCOLM STREET ADDRESS CITY-ST-ZIP PALM HABOR FL 4.1 TITLE D Change Addition NAME HYDE, STUART STREET ADDRESS CITY-ST-ZIP PALM HARBOR FL 4.2 NAME ROBSON, THOMAS STREET ADDRESS CITY-ST-ZIP PALM HARBOR FL 4.2 NAME ROBSON, THOMAS STREET ADDRESS CITY-ST-ZIP PALM HARBOR FL 4.4 CITY-ST-ZIP NAME FRANCESE, NOEL STREET ADDRESS CITY-ST-ZIP PALM HARBOR FL 5.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE STITLE S/D Change Addition Addition Addition Addition Addition Addition STREET ADDRESS CITY-ST-ZIP TITLE DELETE STITLE S/D Change Addition A	STREET ADDRESS	2842-B HIG	HLAND BLVD		23 870		3 STREET ADDRESS								
NAME PLUMMER, MALCOLM STREET ADDRESS CITY-S1-ZIP PALM HABOR FL STREET ADDRESS CITY-S1-ZIP PALM HABOR FL STREET ADDRESS CITY-S1-ZIP MAME HYDE, STUART STREET ADDRESS 2815-C SHERBROOKE LANE CITY-S1-ZIP PALM HARBOR FL STREET ADDRESS CITY-S1-ZIP ACTIVE ST-ZIP ACTIVE ST-ZIP ACTIVE S1-ZIP DELETE S1 TITLE D Change Addition Change Change Change	C(TY-ST-ZIP	PALM HARBOR FL					2 4 CITY-ST-ZIP								
STREET ADDRESS CITY-ST-ZIP PALM HABOR FL 33 STREET ADDRESS 34. CITY-ST-ZIP TITLE VD NAME HYDE, STUART 4.2 NAME HYDE, STUART 2815-C SHERBROOKE LANE CITY-ST-ZIP PALM HARBOR FL 4.4 CITY-ST-ZIP Addition NAME FRANCESE, NOEL STREET ADDRESS 2821-B SHERBROOKE LANE STREET ADDRESS CITY-ST-ZIP PALM HARBOR FL 5.3 STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP DELETE 5.1 TITLE NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Addition STREET ADDRESS CITY-ST-ZIP THE NAME STREET ADDRESS CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(N), 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 at firm adder or ofthe receiver or trustee empowered to execute this troport as reported securities and that my signature shall have the same legal effect as defined or under or ofthe receiver or trustee empowered to execute this report as required by Chapter 617. Excited Statutes and that my signature shall have the same legal effect as defined or under or ofthe receiver or trustee empowered to execute this report as required by Chapter 617. Excited Statutes and that my signature shall have the same legal effect as defined or under or ofthe receiver or trustee empowered to execute this report as required by Chapter 617. Excited Statutes and that my signature shall have the same legal effect as defined or under or ofthe receiver or trustee empowered to execute this report as required by Chapter 617. Excited Statutes and that my signature shall have the same legal effect as defined and descrete empowered to execute this report as required by Chapter 617. Excited Statutes and that my signature shall have the same legal effect as defined and descrete empowered to execute this report as required by Chapter 617.	TITLE	SD			DELETE	3.1 TIT	LΕ		V/:	D		Change	Additi	ion	
CITY-ST-ZIP PALM HABOR FL 34. CITY-ST-ZIP ITILE VD NAME HYDE, STUART 4. 2 NAME 4. 2 NAME ACITY-ST-ZIP PALM HARBOR FL 4. 2 NAME ACITY-ST-ZIP PALM HARBOR FL 4. 2 NAME ACITY-ST-ZIP PALM HARBOR FL 4. 2 NAME ACITY-ST-ZIP PALM HARBOR, FL 34. CITY-ST-ZIP Addition STREET ADDRESS CITY-ST-ZIP 11. Le DELETE 5. 1 TITLE S/D Change Addition Additi	NAME	•			321		32 NAME							ĺ	
TITLE VD DELETE 41 TITLE D Change Addition NAME HYDE, STUART 4.2 NAME ROBSON, THOMAS STREET ADDRESS 2815-C SHERBROOKE LANE 4.3 STREET ADDRESS 2842-C HIGHLANDS BLVD. CITY-ST-ZIP PALM HARBOR FL 44 CITY-ST-ZIP PALM HARBOR, FL 34684 TITLE D D DELETE 51 TITLE S/D NAME FRANCESE, NOEL 52 NAME STREET ADDRESS 2821-B SHERBROOKE LANE 5.3 STREET ADDRESS CITY-ST-ZIP PALM HARBOR FL 5.4 CITY-ST-ZIP TITLE DELETE 61 TITLE 6.3 STREET ADDRESS STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Fiorida 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 trueder od to exercise and other my name.	STREET ADDRESS				3.3 5			ADDRESS							
NAME HYDE, STUART 2815-C SHERBROOKE LANE CITY-ST-ZIP PALM HARBOR FL DELETE 5.1 TITLE DELETE 5.2 NAME 5.3 STREET ADDRESS CITY-ST-ZIP PALM HARBOR FL 5.4 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME 6.2 NAME 6.3 STREET ADDRESS CITY-ST-ZIP 1.1 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 at at my name of the receiver or trustee empowered to execute this report as required by Chaoter 612. Florida Statutes and that my name		PALM HAB	OR FL					T-ZIP							
STREET ADDRESS 2815-C SHERBROOKE LANE PALM HARBOR FL 11TLE D STREET ADDRESS 1.51 TITLE STREET ADDRESS 2842-C HIGHLANDS BLVD. PALM HARBOR, FL 34684 STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PALM HARBOR FL 5.2 NAME 5.3 STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP 11TLE DELETE 6.1 TITLE 6.2 NAME 6.2 NAME 6.3 STREET ADDRESS CITY-ST-ZIP 1.1 Ido hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 certify 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 same legal effect as if made under notes.	İ				DELETE	4.1 TIT	ĻE	T	D			Changi	Additi	ion	
CITY-ST-ZIP PALM HARBOR FL TITLE D DELETE 5.1 TITLE S/D Change Addition NAME FRANCESE, NOEL STREET ADDRESS CITY-ST-ZIP PALM HARBOR FL 5.2 NAME 5.3 STREET ADDRESS CITY-ST-ZIP FRAM HARBOR FL DELETE 6.1 TITLE G.2 NAME 6.2 NAME 6.3 STREET ADDRESS CITY-ST-ZIP 1.1 Ido hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 certify 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 of the receiver or trustee empowered to execute this report as required by Chapter 617. Florida Statutes: and that my name					4. 2									l	
TITLE D DELETE 5.1 TITLE S/D Change Addition NAME FRANCESE, NOEL STREET ADDRESS CHY-ST-ZIP PALM HARBOR FL DELETE 5.4 CHY-ST-ZIP TITLE DELETE 6.1 TITLE G.2 NAME 6.2 NAME 6.3 STREET ADDRESS CHY-ST-ZIP 1. Ido hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 certify 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	STREET ADDRESS			4.3			4.3 STREET ADDRESS 2		28	2842-C HIGHLANDS BLVD.					
NAME STREET ADDRESS CITY-ST-ZIP PALM HARBOR FL 5.2 NAME 5.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition 6.2 NAME 6.3 STREET ADDRESS CITY-ST-ZIP 1.1 Ido hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 certify 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			30R FL			4.4 Cit	Ý-S1	r-zip :	PA	LM HARBOR, FL 3468					
STREET ADDRESS 2821-B SHERBROOKE LANE CHY-ST-ZIP PALM HARBOR FL 5.3 STREET ADDRESS 5.4 CHY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS CHY-ST-ZIP 1. Ido hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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	Į.	_			DELETE	5.1 TIT	LE		S/	D		Change Change	e 🔲 Additi	ion	
CITY-ST-ZIP PALM HARBOR FL 5.4 CITY-ST-ZIP TITLE NAME 6.2 NAME 6.3 STREET ADDRESS CITY-ST-ZIP 1. Ido hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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	į.	•					i.2 NAME								
ITILE DELETE 6.1 TITLE Change Addition					5.3 ST			address							
NAME STREET ADDRESS CITY- ST-ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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		PALM HARE	SUK FL		Driete		_	T-ZIP				F-1 a:			
STREET ADDRESS CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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					PIDEFFIE							∐ Change	Additi	on	
CITY-ST-ZIP 64 CITY-ST-ZIP 64 CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)[k]. 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															
14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Fiorida 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								- 1							
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		certify that the in	oformation supplied w	ith thie fili	no is voluntarily fussio	6.4 CIT	Y-S1	I-ZIP	lift, for al	no everation stated in Dustin- 440	07(0)44 5	uldo Ot it			
appears in Diock 12 of Diock 13 ii changed, of the arrangent with an arigness	certify that I	the information if am an officer or	idicated on this annua director of the corpora	il report o ation or th	er supplemental annua ne receiver or trustee	al report is empower	tri u	െ മനർ മഹ	curato s	and that my pianature chall have the	came logal	officet or	if mode und	lor I	

IGNATURE: Machin B Phinismer 4-3396 (83)585-349