

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morfem
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 18 PM 10:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 745055 (4)

1. Corporation Name

PATIO CONDOMINIUM 1 ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**C/O INFINITI PROPERTY MANAGEMENT, INC.
1301 SEMINOLE BLVD. STE. 110
LARGO FL 34640-5183
US**

**C/O INFINITI PROPERTY MANAGEMENT, INC.
1301 SEMINOLE BLVD. STE. 110
LARGO FL 34640-5183
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/27/1978

3a. Date of Last Report

04/21/1994

4. FEI Number

59-1977421

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐

**\$68.75 Supplemental
Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**INFINITI PROPERTY MANAGEMENT INC.
1301 SEMINOLE BLVD.
SUITE 110
LARGO 34640-5183**

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HUMER, FRANK
STREET ADDRESS	2253-B LARK CIRCLE E
CITY- ST- ZIP	PALM HARBOR FL
TITLE	SD
NAME	GREGORY, ETHELMAE
STREET ADDRESS	2253-B LARK CIRCLE E
CITY- ST- ZIP	PALM HARBOR FL
TITLE	VD
NAME	MANZ WILL
STREET ADDRESS	2264-D LARK CIRCLE W
CITY- ST- ZIP	PALM HARBOR FL
TITLE	D
NAME	REED WALTER
STREET ADDRESS	2264-E LARK CIRCLE W
CITY- ST- ZIP	PALM HARBOR FL
TITLE	DT
NAME	MORISON THOMAS
STREET ADDRESS	2297-D LARK CIRCLE E
CITY- ST- ZIP	PALM HARBOR FL
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	☒ Change ☐ Addition
5.2 NAME	MORISON
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
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), 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 B17, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or given attachment with an address.

SIGNATURE:

FRANK J. HUMER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/95 (813) 585-3491

Date

Daytime Phone #