

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

3. Date Incorporated or Qualified
11/27/1978

3a. Date of Last Report
04/18/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip 25 Country

28 Zip 30 Country

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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☒ Yes ☐ No

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 617.0502 and 617.1508, 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 617.0503, 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 ☐ DELETE
NAME HUMER, FRANK
STREET ADDRESS 2253-B LARK CIRCLE E
CITY-ST-ZIP PALM HARBOR FL

TITLE SD ☐ DELETE
NAME GREGORY, ETHELMAE
STREET ADDRESS 2253-B LARK CIRCLE E
CITY-ST-ZIP PALM HARBOR FL

TITLE VD ☐ DELETE
NAME MANZ WILL
STREET ADDRESS 2264-D LARK CIRCLE W
CITY-ST-ZIP PALM HARBOR FL

TITLE D ☒ DELETE
NAME REED WALTER
STREET ADDRESS 2264-E LARK CIRCLE W
CITY-ST-ZIP PALM HARBOR FL

TITLE DT ☒ DELETE
NAME MORRISON, THOMAS
STREET ADDRESS 2297-D LARK CIRCLE E
CITY-ST-ZIP PALM HARBOR FL

TITLE ☐ DELETE
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

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

T/D

HUBBARD, FRED

2253-A LARK CIRCLE E.

PALM HARBOR, FL 34684

D

BUTVILLE, MICKEY

2238-B LARK CIRCLE W.

PALM HARBOR, FL 34684

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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Frank J. Humer Frank Humer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/96

813-785-7247
Date Daytime Phone #

CR2E037 (12/95)