## 2000 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # 745055** 1. Entity Name

## PATIO CONDOMINIUM 1 ASSOCIATION, INC.

Principal Place of Bu	usiness	Mailing Address							
% INFINITY PROPERT 1301 SEMINOLE BLVI LARGO FL 33770 US	Y MANAGEMENT. INC. ) STE. 110	% INFINITY PROPER 1301 SEMINOLE BLV LARGO FL 33770-81 US							
2. Principal Place of Business Infiniti		3. Mailing Address Infiniti							
Suite, Apt. #, etc.		Suite, Apt. #, etc.							
City & State		City & State							
Zip	Country	Zip	Country						

## **FILED** Mar 13, 2000 8:00 am Secretary of State 03-13-2000 90001 014 \*\*\*\*61.25



Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE								
City & State			City & State				4. FEI Number 59-1977421				<u> </u>	Applied For Not Applicable	
Zip		Country	Zip	Zip Country			5. Certificate of Status Desired S8.75 Additional Fee Required						
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent								⇃	
				Name INFINITI									
INFINITY PROPERTY MANAGEMENT, INC. 1301 SEMINOLE BLD.				Street Address (P.O. Box Number is Not Acceptable)									
		<b>).</b>											
SUITE 110 LARGO FL 33770					City					FI	L Zip Co	ode	
8. The above	named entit	y submits this statement fo	r the purpose of changing its	register	ed office or	r registere	d agent, or bot	h, in the state	of Florida	а.			
													Ì
SIGNATURE _	Diameter 1		ACT	- D	d A		t instatung			DATE			
	Signature, typed	or printed name of registered agent	and the ir applicable (AOT)	z; riegistere	d Agent signat	ure required v	when reinstating)			DATE			
								**					
9. Election Campaign Fir						00 May Be 🤼 🐧			llake Check Payable to				
	FEE IS	\$61.25	Trust Fund Contrib	ution.	Ш	Added	to Fees		Depa	rtmen	t of State	<del>)</del>	
10		OFFICERS AND DIE	DICCTORS.	11.		٨١	DDITIONS/CH.	ANGES TO O	EEICEBS	VNID D	IDECTORS	IN 10	-
10.	00	OFFICERS AND DIE		TITL		<u> </u>	DDITIONS/Ch.	ANGES 10 0	T IQLIS	ANDD	Change		<b>∤</b> {
TITLE	PD	AN PENNETH	Delete	NAM								Addition	
NAME STREET ADDRESS		ON, KENNETH			ET ADDRESS								1
CITY-ST-ZIP		ARK CIRCLE WEST			-ST-ZIP								١
		RBOR FL 34684				·					Change	Addition	۱۶
TITLE	VD	IEDOME	☐ Delete	TITLI								Addition	١,
NAME	KYNION,			NAM	ET ADDRESS								
STREET ADDRESS CITY-ST-ZIP		ARK CIRCLE WEST			-ST-ZIP								
		RBOR FL 34684				S/D					Channe	S Addition	┨
TITLE	SD	AUGUEV	🔀 Delete	TITLI			DALL, LO	DATNE			☐ Change	Addition	
NAME	BUTVILLE	•		NAM	et address .	32.21	DALL, LO	CTDCI E	EACT				1
STREET ADDRESS CITY-ST-ZIP		ARK CIRCLE WEST			-ST-ZIP	ZZOZ O BINK OZNODE ZK						Ì	
		RBOR FL 34684		_		PALI	<u>I HAKBOR</u>	<u>, rl 34</u>	<u> </u>				1
TITLE	TD		☐ Delete	TITU							☐ Change	Addition	
NAME	CRAIG, TI			NAM									
STREET ADDRESS - CITY-ST-ZIP		ARK CIRCLE EAST			ET ADDRESS - ST- ZIP								
		RBOR FL 34684				<b></b>		<del></del>					1
TITLE	D	A=0.14015	☐ Delete	TiTLI							☐ Change	Addition	
NAME		GERMAINE		NAM	ET ADDRESS	ĺ							
STREET ADDRESS CITY-ST-ZIP		ARK CIRCLE WEST			- ST-ZIP								
	PALM HA	RBOR FL 34684		_									+
TITLE			☐ Delete	TITLE							☐ Change	Addition	
NAMÉ				NAM									}
STREET ADDRESS					ET ADDRESS								
CITY-ST-ZIP				CITY	-ST-ZIP								4

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: