

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 28, 2003 8:00 am**  
**Secretary of State**

02-28-2003 90138 042 \*\*\*\*61.25

**DOCUMENT # 745055**

1. Entity Name

**PATIO CONDOMINIUM 1 ASSOCIATION, INC.**



Principal Place of Business

**% INFINITI PROPERTY MANAGEMENT, INC.**  
**1301 SEMINOLE BLVD., STE. 110**  
**LARGO FL 33770**  
**US**

Mailing Address

**% INFINITI PROPERTY MANAGEMENT, INC.**  
**1301 SEMINOLE BLVD., STE. 110**  
**LARGO FL 33770**  
**US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1977421**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional**  
**Fee Required**

6. Name and Address of Current Registered Agent

**INFINITI PROPERTY MANAGEMENT, INC.**  
**1301 SEMINOLE BLD.**  
**SUITE 110**  
**LARGO FL 33770**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

|                                                    |                                                                                                        |                                            |
|----------------------------------------------------|--------------------------------------------------------------------------------------------------------|--------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>PD</b><br><b>ROBINSON, RICHARD</b><br><b>2231-F LARK CIRCLE EAST</b><br><b>PALM HARBOR FL 34684</b> | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>VD</b><br><b>KYNION, JEROME</b><br><b>2212-A LARK CIRCLE WEST</b><br><b>PALM HARBOR FL 34684</b>    | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>SD</b><br><b>TIDWELL, CAROL</b><br><b>2290-D LARK CIRCLE WEST</b><br><b>PALM HARBOR FL 34684</b>    | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>TD</b><br><b>CRAIG, THOMAS</b><br><b>2209-B LARK CIRCLE EAST</b><br><b>PALM HARBOR FL 34684</b>     | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>D</b><br><b>ROBINSON, GRACE</b><br><b>2231 F LARK CIRCLE</b><br><b>PALM HARBOR FL 34684</b>         | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                                                        | <input type="checkbox"/> Delete            |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                                                    |                                                                                                       |                                                                              |
|----------------------------------------------------|-------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>V/D</b><br><b>GROGAN, KLINE</b><br><b>2231-D LARK CIRCLE EAST</b><br><b>PALM HARBOR, FL 34684</b>  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>P/D</b>                                                                                            | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>T/D</b><br><b>COOGAN, JOSEPH</b><br><b>2209-C LARK CIRCLE EAST</b><br><b>PALM HARBOR, FL 34684</b> | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>D</b><br><b>SAMPLES, CAROL</b><br><b>2237-A LARK CIRCLE WEST</b><br><b>PALM HARBOR, FL 34684</b>   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Signature of A. Kynion* **2/18/03 (727) 585-3491**

CP2E037 (10/02)