


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 06, 2007 8:00 am
Secretary of State

03-06-2007 90006 038 ****61.25

DOCUMENT # 745478
 1. Entity Name
THE TOWNHOMES OF LAKE SEMINOLE PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business % INFINITI PROPERTY MANAGEMENT, INC. 1301 SEMINOLE BLVD., SUITE 110 LARGO FL 33770 US	Mailing Address % INFINITI PROPERTY MANAGEMENT, INC. 1301 SEMINOLE BLVD., SUITE 110 LARGO FL 33770 US
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1st MOORE CR2E037 (10/06)

2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country	Country
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4. FEI Number 59-1875197	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
INFINITI PROPERTY MANAGEMENT, INC.
1301 SEMINOLE BLVD.
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
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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	
T NAME: SNYDER, SARAH STREET ADDRESS: 9209 SEMINOLE BLVD #178 CITY- ST- ZIP: SEMINOLE FL 33772	<input checked="" type="checkbox"/> Delete
VP NAME: LONAS, JEFF STREET ADDRESS: UNIT #57 CITY- ST- ZIP: SEMINOLE FL 33772	<input checked="" type="checkbox"/> Delete
D NAME: ANTONELLI, LAURA STREET ADDRESS: #90 CITY- ST- ZIP: SEMINOLE FL 33772	<input checked="" type="checkbox"/> Delete
P NAME: LESSARD, JAN STREET ADDRESS: #159 CITY- ST- ZIP: SEMINOLE FL 33772	<input checked="" type="checkbox"/> Delete
D NAME: SCHMITTAUS, JOE STREET ADDRESS: 14683 SEMINOLE TRAIL CITY- ST- ZIP: SEMINOLE FL 33776	<input checked="" type="checkbox"/> Delete
S NAME: DEMPERIO, JOAN STREET ADDRESS: #29 CITY- ST- ZIP: SEMINOLE FL 33772	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TD NAME: Jean Mogle STREET ADDRESS: 9209 Seminole Blvd #177 CITY- ST- ZIP: Seminole FL 33772	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
VD NAME: Ann Conte STREET ADDRESS: 9209 Seminole Blvd # 105 CITY- ST- ZIP: Seminole, FL 33772	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
SD NAME: Sharon Brown STREET ADDRESS: 9209 Seminole Blvd #86 CITY- ST- ZIP: Seminole, FL 33772	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
D NAME: May Southern STREET ADDRESS: 9209 Seminole Blvd #05 CITY- ST- ZIP: Seminole, FL 33772	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
D NAME: Mary Ann Nazitto STREET ADDRESS: 9209 Seminole Blvd #135 CITY- ST- ZIP: Seminole, FL 33772	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
PD NAME: Joan Deperio STREET ADDRESS: 9209 Seminole Blvd #29 CITY- ST- ZIP: Seminole, FL 33772	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Joan Deperio Date: 2/15/07 Daytime Phone #: 727 399-0952
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ATTACHMENT

46030663

745478

The Town Homes OF Lake Seminole Property
Owners Association, Inc.

D

Bob Jones
9209 Seminole Blvd # 113
Seminole, FL 33772