FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 17 PM 4:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **753350** **(8)**

1. Corporation Name

PALMA DEL MAR CONDOMINIUM ASSOCIATION NO. 5 OF S T PETERSBURG, 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: 07/15/1980
3a. Date of Last Report: 04/12/1994
4. FEI Number: 59-2133547 ☐ 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. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

INFINITI PROPERTY MANAGEMENT INC.
1301 SEMINOLE BLVD., STE. 110
LARGO 34640-5183

10. Name and Address of New Registered Agent

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 [illegible] 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☒ Change ☐ Addition
NAME	FEEHAN, JOSEPH	12 NAME	WINISTORFER, ELTON
STREET ADDRESS	6372 PALMA DEL MAR BLVD., #1106	13 STREET ADDRESS	6372 PALMA DEL MAR BLVD. #304
CITY-ST-ZIP	ST. PETERSBURG FL	14 CITY-ST-ZIP	ST. PETERSBURG, FL 33715
TITLE	VD	21 TITLE	D ☒ Change ☐ Addition
NAME	CRABTREE, WALTER	22 NAME	
STREET ADDRESS	6372 PALMA DEL MAR BLVD., #702	23 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	24 CITY-ST-ZIP	
TITLE	VD	31 TITLE	☒ Change ☐ Addition
NAME	RUCKER, DICK	32 NAME	MITTL, ROBERT
STREET ADDRESS	6372 PALMA DEL MAR BLVD., #402	33 STREET ADDRESS	6372 PALMA DEL MAR BLVD. #212
CITY-ST-ZIP	ST. PETERSBURG FL	34 CITY-ST-ZIP	ST. PETERSBURG, FL 33715
TITLE	VD	41 TITLE	S ☒ Change ☐ Addition
NAME	MARGARONE, PAUL	42 NAME	DINGIVAN, SOPHIE
STREET ADDRESS	6372 PALMA DEL MAR BLVD #408	43 STREET ADDRESS	6372 PALMA DEL MAR BLVD. #216
CITY-ST-ZIP	ST. PETERSBURG FL	44 CITY-ST-ZIP	ST. PETERSBURG, FL 33715
TITLE	TD	51 TITLE	☒ Change ☐ Addition
NAME	LEACH, LOYDEN	52 NAME	BOYDEN
STREET ADDRESS	6372 PALMA DEL MAR BLVD #405	53 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	54 CITY-ST-ZIP	
TITLE	SD	61 TITLE	D ☒ Change ☐ Addition
NAME	VOGEL, ALICE	62 NAME	POPA, VIRGILIEU
STREET ADDRESS	6372 PALMA DEL MAR BLVD #501	63 STREET ADDRESS	6372 PALMA DEL MAR BLVD. #1201
CITY-ST-ZIP	ST. PETERSBURG FL	64 CITY-ST-ZIP	ST. PETERSBURG, FL 33715

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)(i), 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: Elton Winistorfer 4-10-95 (813) 866-8110
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0010040