

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 # 755501 (4)

1. Corporation Name

HIGHLAND LAKES DUPLEX VILL. I HOMEOWNERS' ASSOC.



Principal Place of Business

Mailing Address

C/O INFINITI PROPERTY MANAGEMENT, INC.
1301 SEMINOLE BLVD SUITE 110
LARGO FL 34640
US

C/O INFINITI PROPERTY MANAGEMENT, INC.
1301 SEMINOLE BLVD SUITE 110
LARGO FL 34640
US

3. Date Incorporated or Qualified
12/11/1980

3a. Date of Last Report
04/13/1995

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
59-2192600

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

City & State

City & State

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

Zip

Country

Zip

Country

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, STE 110
LARGO FL 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 restate.)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☒ DELETE
NAME **TROMBLY, CLIFFORD**
STREET ADDRESS **3430 MACLAREN DR**
CITY-ST-ZIP **PALM HARBOR FL**

1.1 TITLE **D** ☐ Change ☒ Addition
1.2 NAME **MYERS, WILLIAM**
1.3 STREET ADDRESS **3440 MACLAREN DR.**
1.4 CITY-ST-ZIP **PALM HARBOR, FL 34684**

TITLE **D** ☐ DELETE
NAME **SHEEAN, EMIL**
STREET ADDRESS **3468 MACLAREN DRIVE**
CITY-ST-ZIP **PALM HARBOR FL 34684**

2.1 TITLE **P/D** ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **STD** ☐ DELETE
NAME **FUNK, FERN**
STREET ADDRESS **3434 MACLAREN DR**
CITY-ST-ZIP **PALM HARBOR FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **BOUCHARD, JAMES**
STREET ADDRESS **3454 MACLAREN DRIVE**
CITY-ST-ZIP **PALM HARBOR FL 34684**

4.1 TITLE **V/D** ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **VD** ☒ DELETE
NAME **REED, JOHN**
STREET ADDRESS **3466 MACLAREN DR**
CITY-ST-ZIP **PALM HARBOR FL**

5.1 TITLE **D** ☐ Change ☒ Addition
5.2 NAME **SCHAARSCHMIDT, KATHY**
5.3 STREET ADDRESS **3445 MACLAREN DR.**
5.4 CITY-ST-ZIP **PALM HARBOR, FL 34684**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

Emil Sheean
Emil Sheean
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/96
Date
813
787-3994
Daytime Phone #

CR2E037 (12/95)