

FILE NOW: FILING FEE IS \$61.25

FILED

May 13 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSDOCUMENT # 755501 (4)
1. Corporation Name
HIGHLAND LAKES DUPLEX VILL. I HOMEOWNERS' ASSOC.Principal Place of Business Mailing Address
~~XXXXXX PROPERTY MANAGEMENT, INC. XXXX~~
~~XXXXX SEMINOLE BLVD. SUITE 100~~
~~LARGO FL 34640~~
~~US XXXXXXXX~~
C/O INFINITI PROPERTY MANAGEMENT, INC.
1301 SEMINOLE BLVD. SUITE 100
LARGO FL 33720-8124
US XXXXXXXX3. Date Incorporated or Qualified 12/11/1980
3a. Date of Last Report 04/24/19962. Principal Place of Business 2a. Mailing Address
21 c/o C&N PROP MGMT INC 26 c/o C&N PROP MGMT INC
Suite, Apt. #, etc. Suite, Apt. #, etc.
2697B SUNSET PT RD 27 2697B SUNSET PT RD
City & State City & State
23 CLEARWATER, FL 28 CLEARWATER, FL
Zip Country Zip Country
24 33759 25 USA 29 33759 30 USA
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
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. 100
LARGO FL 34640-518281 Name NASSER, WILLIAM J.
82 Street Address (P.O. Box Number is Not Acceptable) c/o C&N PROP MGMT INC
83 2697B SUNSET PT RD
84 City CLEARWATER FL 85 Zip Code 33759

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 *William J. Nasser* 4/26/97
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	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MYERS, WILLIAM	1.2 NAME	
STREET ADDRESS	3440 MCLAREN DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHEEAN, EMIL	2.2 NAME	
STREET ADDRESS	3468 MACLAREN DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL	2.4 CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FUNK, FERN	3.2 NAME	
STREET ADDRESS	3434 MACLAREN DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL	3.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOUCHARD, JAMES	4.2 NAME	
STREET ADDRESS	3454 MACLAREN DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHAARSCHMIDT, KATHY	5.2 NAME	
STREET ADDRESS	3445 MCLAREN DR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 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: *William J. Nasser* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR4/24/97 813-799-0079
Date Daytime Phone # 0049821

CR2E037 (9/96)