

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

**FILED**  
**Feb 10, 2003 8:00 am**  
**Secretary of State**

02-10-2003 90134 037 \*\*\*\*61.25

**DOCUMENT # 764308**

1. Entity Name  
**REDINGTON TOWERS CLUB ASSOCIATION, INC.**



Principal Place of Business  
**C/O INFINITI PROP. MGMT., INC.  
1301 SEMINOLE BLVD. #110  
LARGO FL 33770  
US**

Mailing Address  
**C/O INFINITI PROP. MGMT., INC.  
1301 SEMINOLE BLVD. #110  
LARGO FL 33770  
US**

**90021113**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2297979**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>S</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>D'ANGELO, TONY</b>	
STREET ADDRESS	<b>17900 GULF BLVD. #12F</b>	
CITY-ST-ZIP	<b>REDINGTON SHORES FL 33708</b>	
TITLE	<b>P</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>BROTHWELL, TED</b>	
STREET ADDRESS	<b>17900 GULF BLVD. #11F</b>	
CITY-ST-ZIP	<b>REDINGTON SHORES FL 33708</b>	
TITLE	<b>VD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>O TOOLE, CHARLES</b>	
STREET ADDRESS	<b>17920 GULF BLVD 207</b>	
CITY-ST-ZIP	<b>SAINT PETERSBURG FL 33708</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>DANOVANN, CHARLES</b>	
STREET ADDRESS	<b>17940 GULF BLVD. 11A</b>	
CITY-ST-ZIP	<b>REDINGTON SHORES FL 33708</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HARMON, JACK</b>	
STREET ADDRESS	<b>17920 GULF BLVD. #807</b>	
CITY-ST-ZIP	<b>REDINGTON SHORES FL 33708</b>	
TITLE	<b>TD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>ZEBRANEX, DR. J.D.</b>	
STREET ADDRESS	<b>17900 GULF BLVD., #2-F</b>	
CITY-ST-ZIP	<b>REDINGTON SHORES FL 33708</b>	

TITLE	<b>V/D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>LUCKRITZ, RICHARD</b>	
STREET ADDRESS	<b>17920 GULF BLVD., #401</b>	
CITY-ST-ZIP	<b>REDINGTON SHORES, FL 33708</b>	
TITLE	<b>T/D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>HOLTHAUS, ROBERT</b>	
STREET ADDRESS	<b>17940 GULF BLVD., #15-D</b>	
CITY-ST-ZIP	<b>REDINGTON SHORES, FL 33708</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>YARIAN, BONNIE</b>	
STREET ADDRESS	<b>17900 GULF BLVD., #16-C</b>	
CITY-ST-ZIP	<b>REDINGTON SHORES, FL 33708</b>	
TITLE	<b>P/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DONOVAN, CHARLES</b>	
STREET ADDRESS	<b>#5-A</b>	
CITY-ST-ZIP		
TITLE	<b>S/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ESTERLEIN, DOROTHY</b>	
STREET ADDRESS	<b>17900 GULF BLVD., #2-C</b>	
CITY-ST-ZIP	<b>REDINGTON SHORES, FL 33708</b>	

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: CHARLES P. DONOVAN **CHARLES P DONOVAN 2/05/03**

CR2E037 (10/02)

(787) 585-3491

Attachment 90021113

REDINGTON TOWERS CLUB ASSOCIATION, INC.

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ADDITIONS TO OFFICERS AND DIRECTORS IN 10

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EL BEYROUTY, MOUNIR  
17940 GULF BLVD., #16-C  
REDINGTON SHORES, FL 33708