## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT #** 

1. Corporation Name

2. Principal Place of Business

TARA CAY III HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business c/o Infiniti Prop. Mgt., Inc. 1301 Seminole Blvd.,#110 Largo, FL 33770

Mailing Address

2a. Mailing Address

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c/o Infiniti Prop. Mgt., Inc 1301 Seminole Blvd.,#110 Largo, FL 33770

**FILED** May 06, 1999 8:00 am Secretary of State

05-06-1999 90017 017 \*\*\*\*61.25



3. Date Incorporated or Qualifed

02/20/1991

Suite, Apt.	#, etc.	Suite, A	pt. #, etc.			4. FEI Number		Apı	olied For	
22		27				65-0260495		Not	Applicable_	
City & Stat	.e	City & S	State			5. Certificate of Status Des	sired 🗍	\$8.75 △		
23		28				U. Octationic of Glades Bea		Fee Re	quired	
Zip	Country	Zip		Country		6. Election Campaign Fina	- 11	\$5.00	,	
24	25	29	30	L_,		Trust Fund Contribution		Added to	Fees	
Name and Address of Current Registered Agent					-	10. Name and Address of	New Registere	d Agent		
INFINITI PROPERTY MANAGEMENT, INC.					Name					
1301 SEMINOLE BLVD.					82 Street Address (P.O. Box Number is Not Acceptable)					
SUITE 110									_	
LARGO, FL 33770										
LAROO, FL 33770					City			85 Zip C	ode	
					,		F	<u> </u>		
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 familia with, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE  Anita A. Laudato, Vice President 4/22/99										
SIGNATURE	Signature typed or printed name of registered	ant and utle if applicable.	(NOTE: Reg	gistered Ager	t signature require	d when reinstating)	DATE	<u> </u>		
12.	OFFICERS A	ND DIRECTORS		13.		ADDITIONS/CHANGES	TO OFFICERS A		_	
TITLE	P/D		☐ DELETE	1.1 TITLE				Change	☐ Addition	
NAME	WHITE, MARK			1.2 NAME						
STREET ADDRESS	9483 TARA CAY COURT			1.3 STREET ADDRESS						
CITY-ST-ZIP	SEMINOLE, FL 3377	)		1.4 CITY-S	T-ZIP					
TITLE	V/D		☐ DELETE	2.1 TITLE				☐ Change	☐ Addition	
NAME	CINNAMON, RONALD			2.2 NAME					į	
STREET ADDRESS	9484 TARA CAY COU			2.3 STREET	ADDRESS					
CITY-ST-ZIP	SEMINOLE, FL 3377			2. 4 CITY-S	iT-ZIP					
TITLE	S/T/D		☐ DELETE	3.1 TITLE				☐ Change	Addition	
NAME:	-ASPINALL <del>,</del> -STEVE	<del></del>		3.2 NAME						
STREET ADDRESS	9609 TARA CAY COU	RT		3.3 STREET	ADDRESS					
CITY-ST-ZIP	SEMINOLE, FL 3377			3.4. CITY-S	T-ZIP					
TITLE			☐ DELETE	4.1 TITLE	ļ			☐ Change	Addition	
NAME				4. 2 NAME						
STREET ADDRESS				4.3 STREET	ADDRESS					
CITY-ST-ZIP				4.4 CITY-S	r-ZIP					
TITLE			☐ DELETE	5.1 ππ.E				Change	☐ Addition	
NAME				5.2 NAME						
STREET ADDRESS				5.3 STREET					i	
CITY-ST-ZIP				5.4 C/TY-S	r-ZIP					
TITLE		ı	☐ DELETE	6.1 TITLE	Ì			Change	☐ Addition }	
NAME				6.2 NAME						
STREET ADDRESS				6.3 STREET						
CITY-ST-ZIP		-		6.4 CITY-S				44 11 141 1		
14. I hereby o	certify that the information supplied	vith this filing does	not qualify for the	e exempti	on stated in S	section 119.07(3)(i), Florida Sta	atutes. I further o	ertity that the ir	itormation	

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, with all other like empowered.

SIGNATURE: 9

GNATURE AND TOPES OR PRINTED NAME OF RONALD CINNAMON