

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Apr 23 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N93000000131 (3)**  
1. Corporation Name  
**VENDOME VILLAGE COUNCIL OF PRESIDENTS, INC.**



Principal Place of Business <b>C/O INFINITI PROPERTY MGMT. INC 1301 SEMINOLE BLVD. #110 LARGO FL 34640 US</b>	Mailing Address <b>C/O INFINITI PROPERTY MGMT. INC. 1301 SEMINOLE BLVD.. #110 LARGO FL 34640 US</b>
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3. Date Incorporated or Qualified <b>01/05/1993</b>	
4. FEI Number <b>59-3166908</b>	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business <b>21</b> Suite, Apt. #, etc.	2a. Mailing Address <b>26</b> Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip <b>33770</b>	25 Country
24 Country	29 Zip <b>33770</b>
25 Country	30 Country

5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent  
**INFINITI PROPERTY MGMT INC.  
1301 SEMINOLE BLVD.  
STE. 110  
LARGO FL 34640**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code <b>FL 33770</b>

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>SD</b>	NAME <b>TROUPE, WILLIAM</b>	1.1 TITLE <b>P/D</b>	1.2 NAME <b>MOYES, FLORENCE</b>
STREET ADDRESS <b>8477 DEAUVILLE</b>	CITY-ST-ZIP <b>PINELLAS PARK FL</b>	1.3 STREET ADDRESS <b>8265 VENDOME BLVD.</b>	1.4 CITY-ST-ZIP <b>PINELLAS PARK, FL 33781</b>
TITLE <b>TD</b>	NAME <b>BRODSKY, LOUIS</b>	2.1 TITLE <b>V/D</b>	2.2 NAME <b>ANDERSON, EVELYN</b>
STREET ADDRESS <b>8330 VENDOME BLVD</b>	CITY-ST-ZIP <b>PINELLAS PARK FL</b>	2.3 STREET ADDRESS <b>8210 VENDOME BLVD.</b>	2.4 CITY-ST-ZIP <b>PINELLAS PARK, FL 33781</b>
TITLE <b>PD</b>	NAME <b>SARINE, JOHN</b>	3.1 TITLE <b>S/T/D</b>	3.2 NAME <b>TUCKER, LEE</b>
STREET ADDRESS <b>8512 DEAUVILLE</b>	CITY-ST-ZIP <b>PINELLAS PARK FL</b>	3.3 STREET ADDRESS <b>8230 VENDOME BLVD.</b>	3.4 CITY-ST-ZIP <b>PINELLAS PARK, FL 33781</b>
TITLE <b>VD</b>	NAME <b>LITCHFIELD, ROBERT</b>	4.1 TITLE <b>D</b>	4.2 NAME <b>WELDER, RAY</b>
STREET ADDRESS <b>7027 LAFAYETTE</b>	CITY-ST-ZIP <b>PINELLAS PARK FL</b>	4.3 STREET ADDRESS <b>8245 VENDOME BLVD.</b>	4.4 CITY-ST-ZIP <b>PINELLAS PARK, FL 33781</b>
TITLE	NAME	5.1 TITLE <b>D</b>	5.2 NAME <b>SMITH, AL</b>
STREET ADDRESS	CITY-ST-ZIP	5.3 STREET ADDRESS <b>8200 VENDOME BLVD.</b>	5.4 CITY-ST-ZIP <b>PINELLAS PARK, FL 33781</b>
TITLE	NAME	6.1 TITLE	6.2 NAME
STREET ADDRESS	CITY-ST-ZIP	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP

14. 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 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: \_\_\_\_\_ (813)541-6778

CP2E037 (10/97)