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**Apr 23, 1999 8:00 am**  
**Secretary of State**

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NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N93000000131**

1. Corporation Name

**VENDOME VILLAGE COUNCIL OF PRESIDENTS, INC.**

Principal Place of Business

C/O INFINITI PROPERTY MGMT. INC  
 1301 SEMINOLE BLVD. #110  
 LARGO FL 33770  
 US

Mailing Address

C/O INFINITI PROPERTY MGMT. INC.  
 1301 SEMINOLE BLVD. #110  
 LARGO FL 33770  
 US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	01/05/1993	
22	City & State	27	City & State	4. FEI Number	
23	Zip	28	Zip	59-3166908	
24	Country	29	Country	Applied For	
		30		Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

INIFINITY PROPERTY MGMT INC.  
 1301 SEMINOLE BLVD.  
 STE. 110  
 LARGO FL 33770

10. Name and Address of New Registered Agent

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

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MOYERS, FLORENCE	1.2 NAME	SARINE, JOHN
STREET ADDRESS	8565 VENDOME BLVD	1.3 STREET ADDRESS	8512 DEAUVILLE
CITY-ST-ZIP	PINELLAS PARK FL 33781	1.4 CITY-ST-ZIP	PINELLAS PARK, FL 33781
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANDERSON, EVELYN	2.2 NAME	JENNESS, DICK
STREET ADDRESS	8210 VENDOME BLVD	2.3 STREET ADDRESS	6895 LAFAYETTE
CITY-ST-ZIP	PINELLAS PARK FL 33781	2.4 CITY-ST-ZIP	PINELLAS PARK, FL 33781
TITLE	STD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	S/T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TUCKER, LEE	3.2 NAME	BRODSKY, LOUIS
STREET ADDRESS	8230 VENDOME BLVD	3.3 STREET ADDRESS	8330 VENDOME BLVD.
CITY-ST-ZIP	PINELLAS PARK FL 33781	3.4 CITY-ST-ZIP	PINELLAS PARK, FL 33781
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WELDER, RAY	4.2 NAME	GRAHAM, WALTER
STREET ADDRESS	8245 VENDOME BLVD	4.3 STREET ADDRESS	8360 BURGUNDY
CITY-ST-ZIP	PINELLAS PARK FL 33781	4.4 CITY-ST-ZIP	PINELLAS PARK, FL 33781
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, AL	5.2 NAME	
STREET ADDRESS	8200 VENDOME BLVD	5.3 STREET ADDRESS	
CITY-ST-ZIP	PINELLAS PARK FL 33781	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 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, with all other like empowered.

SIGNATURE: John Sarine 4/20/99 (727)545-5781  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)