FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 26 AM 11:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N16263 (8)

1. Corporation Name
SUTTON COURT HOMEOWNERS ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
C/O INFINITI PROPERTY MANAGEMENT, INC. 1301 SEMINOLE BLVD. STE. 110 LARGO FL 34640 US	C/O INFINITI PROPERTY MANAGEMENT, INC. 1301 SEMINOLE BLVD. STE. 110 LARGO FL 34640 US

3. Date Incorporated or Qualified: 08/08/1986
3a. Date of Last Report: 04/25/1994
4. FEI Number: 59-2775237 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

INFINITI PROPERTY MANAGEMENT INC.
1301 SEMINOLE BLVD.
SUITE 110
LARGO 34640-5183

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, 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	VD	1.1 TITLE		☒ Change ☐ Addition
NAME	~~KUHN, JOHN~~	1.2 NAME	SULLIVAN, BOB	
STREET ADDRESS	~~1340 PHEASANT CREEK DRIVE~~	1.3 STREET ADDRESS	1401 PHEASANT CREEK DRIVE	
CITY-ST-ZIP	~~PALM HARBOR FL~~	1.4 CITY-ST-ZIP	PALM HARBOR, FL 34684	
TITLE	PD	2.1 TITLE		☐ Change ☐ Addition
NAME	VOGLER, FRANK	2.2 NAME		
STREET ADDRESS	3675 OVERLOOK COURT	2.3 STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR FL	2.4 CITY-ST-ZIP		
TITLE	SD	3.1 TITLE		☒ Change ☐ Addition
NAME	~~MCCREDY, JOAN~~	3.2 NAME	MARENTETTE, LARRY	
STREET ADDRESS	~~3695 RIDGEMONT COURT~~	3.3 STREET ADDRESS	1336 PHEASANT CREEK DRIVE	
CITY-ST-ZIP	~~PALM HARBOR FL~~	3.4 CITY-ST-ZIP	PALM HARBOR, FL 34684	
TITLE	TD	4.1 TITLE		☐ Change ☐ Addition
NAME	CARLSON, MARJORIE	4.2 NAME		
STREET ADDRESS	3679 CRESTWOOD COURT	4.3 STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☒ Change ☐ Addition
NAME	WIELEBA, ~~JONI~~	5.2 NAME	JOAN	
STREET ADDRESS	~~1460~~ PHEASANT CREEK DRIVE	5.3 STREET ADDRESS	1496	
CITY-ST-ZIP	PALM HARBOR FL	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ 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 is voluntarily furnished and 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: Frank Vogler Frank Vogler 04-18-95 (813) 787-2129
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Q01B013