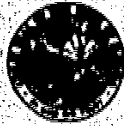


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Murtham
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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

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 601(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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when nonattending)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **VD**
NAME **KUHN, JOHN**
STREET ADDRESS **1401 PHEASANT CREEK DRIVE**
CITY-ST-ZIP **PALM HARBOR FL**

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME **SULLIVAN, BOB**
1.3 STREET ADDRESS **1401 PHEASANT CREEK DRIVE**
1.4 CITY-ST-ZIP **PALM HARBOR, FL 34684**

TITLE **PD**
NAME **VOGLER, FRANK**
STREET ADDRESS **3675 OVERLOOK COURT**
CITY-ST-ZIP **PALM HARBOR FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **SD**
NAME **MEGREDY, JOAN**
STREET ADDRESS **8885 RIDGEMONT COURT**
CITY-ST-ZIP **PALM HARBOR FL**

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME **MARENTETTE, LARRY**
3.3 STREET ADDRESS **1336 PHEASANT CREEK DRIVE**
3.4 CITY-ST-ZIP **PALM HARBOR, FL 34684**

TITLE **TD**
NAME **CARLSON, MARJORIE**
STREET ADDRESS **3679 CRESTWOOD COURT**
CITY-ST-ZIP **PALM HARBOR FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **D**
NAME **WIELEBA, JOAN**
STREET ADDRESS **1400 PHEASANT CREEK DRIVE**
CITY-ST-ZIP **PALM HARBOR FL**

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME **JOAN**
5.3 STREET ADDRESS **1496**
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 110.07(3)(b), 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 017, 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-18-95

(813) 787-2129

Date

Daytime Phone #