

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N16263**

1. Entity Name

SUTTON COURT HOMEOWNERS ASSOCIATION, INC.**FILED****Feb 13, 2001 8:00 am**
Secretary of State

02-13-2001 90587 049 ****61.25

Principal Place of Business

C/O INFINITI PROPERTY MANAGEMENT, INC.
1301 SEMINOLE BLVD. STE. 110
LARGO FL 33770
US

Mailing Address

C/O INFINITI PROPERTY MANAGEMENT, INC.
1301 SEMINOLE BLVD. STE. 110
LARGO FL 33770
US

113934



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2775237

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

INFINITI PROPERTY MANAGEMENT INC.
1301 SEMINOLE BLVD.
SUITE 110
LARGO FL 33770

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
FEE IS \$61.25**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
HOLTMAYER, RICHARD
3691 RIDGEMONT CT
PALM HARBOR FL 34684 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
TOBIASSEN, ELEANOR
1324 PHEASANT CREEK DR
PALM HARBOR FL 34684 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
VOGLER, FRANK
3675 OVERLOOK CT
PALM HARBOR FL ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
CARLSON, MARJORIE
3679 CRESTWOOD DR
PALM HARBOR FL 34684 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
KUHN, ANNA MAE
1349 PHEASANT CREEK DR
PALM HARBOR FL 34684 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Eleanor TobiasSEN
ELEANOR TOBIASSEN

Date

Daytime Phone #

1/11/01 (727) 786-9700

CR2E037 (10/00)