

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90251 013 ****61.25

DOCUMENT # N16263

1. Entity Name

SUTTON COURT HOMEOWNERS ASSOCIATION, INC.



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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2775237

Applied For

Not Applicable

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. I am familiar with, and accept the obligations of registered agent.

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
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD ☒ Delete
NAME HOLTMEYER, RICHARD
STREET ADDRESS 3691 RIDGEMONT CT
CITY-ST-ZIP PALM HARBOR FL 34684

TITLE VD ☐ Delete
NAME ESMON, LUCILLE
STREET ADDRESS 1371 PHEASANT CREEK DRIVE
CITY-ST-ZIP PALM HARBOR FL 34684

TITLE SD ☐ Delete
NAME VOGLER, FRANK
STREET ADDRESS 3875 OVERLOOK CT
CITY-ST-ZIP PALM HARBOR FL

TITLE TD ☒ Delete
NAME CARLSON, MARJORIE
STREET ADDRESS 3679 CRESTWOOD DR
CITY-ST-ZIP PALM HARBOR FL 34684

TITLE D ☒ Delete
NAME HESTERMAN, MARY
STREET ADDRESS 1473 PHEASANT CREEK DRIVE
CITY-ST-ZIP PALM HARBOR FL 34684

TITLE TD ☐ Delete
NAME ETZEL, BARBARA
STREET ADDRESS 1464 PHEASANT CREEK DR
CITY-ST-ZIP PALM HARBOR FL 34684

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P/D ☐ Change ☒ Addition
NAME HESTERMAN, NORMAN
STREET ADDRESS 1473 PHEASANT CREEK DR.
CITY-ST-ZIP PALM HARBOR, FL 34684

TITLE D ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V/D ☐ Change ☒ Addition
NAME WARRINGTON, JOAN
STREET ADDRESS 1820 APACHE LANE
CITY-ST-ZIP GODFREY, IL 62035

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Norman Hesterman* Norman Hesterman 4-15-04 (727) 787-1316

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #