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NONPROFIT CORPORATION ANNUAL REPORT



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

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DOCUMENT # 717363

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11411 F111	IAL POINT CONDOMINIUM	II ASSOCIATION, INC) .				
Principal Place	of Business	Mailing Address				IN O CALL O LOÇIL DIQUE NIC	
1301 SEMINO	OERTY MANAGEMENT DLE BLVD. STE 110	C/O INFINITI PROPER 1301 SEMINOLE BLVD	. STE 110				
LARGO FL 34 US	4640-8183	LARGO FL 34640-8183 US			3. Date Incorporated or Qualified 10/16/1969		f Last Report 114/1995
2. Principal Pla 1	ace of Business	2a. Mailing Address			4. FEI Number 59-1382392		Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	_ \$	8.75 Additional Fee Required
City & State	3	City & State			Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
Zip	Country 25	Zip 29	Cou 30	ntry	8. This corporation has liability for	intangible tax un	
4	9. Name and Address of Curren		30		10. Name and Address of New I		nt
	o. Humo una Accides of Collen	Aidioida Walli		81 Name	104 House with Stanions of 1108 I		·
	PROPERTY MANAGEMENT				ress (P.O. Box Number is Not Acceptal	ble)	
	MINOLE BLVD, STE 110 FL 34640-8183			83			
				84 City		_, 8	5 Zip Code
					ration submits this statement for the pu	F1	
or register	th, and accept the obligations of, Sect	ion 617 0503. Floride Statute	country in to C	orporation a coa	ard of directors. I hereby accept the app	Antonian as regi	stered agent. I am
familiar wi				Anent cineture remite	oct when reinclature	DATE	
familiar wi SIGNATURE _	Signature, typed or printed name of registered agent	and title if applicable. (Ne	OTE: Registered	Agent signatura raquire		DATE FICERS AND DIF	RECTORS IN 12
familiar wi		and title if applicable. (Ne			ed when reinstating) ADDITIONS/CHANGES TO OFI		
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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: SIGNATURE AND TYPED OR PRINTED AME OF SIGNIBLE OFFICER OR DIRECTOR

18/16 535 - 382 Date Destrine Phone R2E037 (12/95