

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2006 8:00 am
Secretary of State

03-24-2006 90035 048 ****61.25

DOCUMENT # 726526 1. Entity Name 50 HARBOR VIEW HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business INFINITI PROP MGT, INC 1301 SEMINOLE BLVD #110 LARGO, FL 33770 US			Mailing Address INFINITI PROP MGT, INC 1301 SEMINOLE BLVD #110 LARGO, FL 33770 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-1873005	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent INFINITI PROPERTY MANAGEMENT INC 1301 SEMINOLE BLVD, SUITE 110 LARGO, FL 33770				7. Name and Address of New Registered Agent 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					
Filing Fee is \$61.25 Due by May 1, 2006		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MELI, ROBERT 50 HARBOR VIEW LANE #29 BELLEAIR BLUFFS, FL 33770	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D EDWARDS, JAMES 50 HARBOR VIEW LANE #34 BELLEAIR BLUFFS, FL 33770	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDT LACKEY, WILLIAM 50 HARBOR VIEW LANE, # 20 BELLEAIR BLUFFS, FL 33770	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D ERDMAN, GRACE 50 HARBOR VIEW LANE #A BELLEAIR BLUFFS, FL 33770	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCDONALD, ADAM 50 HARBOR VIEW LANE #38 BELLEAIR BLUFFS, FL 33770	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLECKENSTEIN, THEODOR 50 HARBOR VIEW LANE #37 BELLEAIR BLUFFS, FL 33770	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D _____ _____	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUDSON, ERMA 50 HARBOR VIEW LANE, # 25 BELLEAIR BLUFFS, FL 33770	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Theodor Fleckenstein</u>		Theodor Fleckenstein		3/22/06 (727) 518-7898	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

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