


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2007 08:00 AM
Secretary of State

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
--	--



1st MOORE CR2E037 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
--	--------------------

Suite, Apt. #, etc	Suite, Apt. #, etc.
--------------------	---------------------

City & State	City & State
--------------	--------------

4. FEI Number 59-1873005	Applied For Not Applicable
------------------------------------	-------------------------------

Zip	Country	Zip	Country
-----	---------	-----	---------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$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 EDWARDS, JAMES 50 HARBOR VIEW LANE #34 BELLEAIR BLUFFS FL 33770	TITLE NAME STREET ADDRESS CITY- ST- ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/> U00000613151 02/08/07-80059-011 61.25
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SD ERDMAN, GRACE 50 HARBOR VIEW LANE #A BELLEAIR BLUFFS FL 33770	TITLE NAME STREET ADDRESS CITY- ST- ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TD FLECKENSTEIN, THEODOR 50 HARBOR VIEW LANE #37 BELLEAIR BLUFFS FL 33770	TITLE NAME STREET ADDRESS CITY- ST- ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY- ST- ZIP	Delete <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY- ST- ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY- ST- ZIP	Delete <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY- ST- ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY- ST- ZIP	Delete <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY- ST- ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Theodor Fleckenstein 01-24-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR