


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 01, 2008 08:00 AM
Secretary of State

DOCUMENT # 726526 1. Entity Name 50 HARBOR VIEW HOMEOWNERS ASSOCIATION, INC.	
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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
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE CR2E037 (10/07)

City & State	City & State
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4. FEI Number 59-1873005	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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
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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 full duplicate. (NOTE: Registered Agent signature is not required unless changing)

FILE NOW - FEE IS \$61.25
Due By May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	PD EDWARDS, JAMES	<input type="checkbox"/>
NAME	50 HARBOR VIEW LANE #34	
STREET ADDRESS	BELLEAIR BLUFFS FL 33770	
CITY - ST - ZIP		
TITLE	SD ERDMAN, GRACE	<input type="checkbox"/>
NAME	50 HARBOR VIEW LANE #A	
STREET ADDRESS	BELLEAIR BLUFFS FL 33770	
CITY - ST - ZIP		
TITLE	TD FLECKENSTEIN, THEODOR	<input type="checkbox"/>
NAME	50 HARBOR VIEW LANE #37	
STREET ADDRESS	BELLEAIR BLUFFS FL 33770	
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY - ST - ZIP			

1000000811110
02/11/08-80013-016 61.25

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*