2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #740464



FILED Mar 25, 2008 8:00 am Secretary of State

VENDOME VILLAGE UNIT FIFTEEN ASSOCIATION, INC.								03-25-200	08 90014	F021 ****	61.25	
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							NC.		. ETRU PTIH ETRIR CON	671 6181) £171	BANK GINN SITH I	INTERNALISMO
2. Principal Place of Business - No P.O. Box # 3.				3. Mailing Address								
Suite, Apt. #, etc.			Sc	Suite, Apt. #, etc.				02112008	Chg-NP	CR2E	037 (12/06))
City & State			Ci	City & State				4. FEI Numbe 59-165				Applied For Not Applicable
Zip	Country			Zip Cou				5. Certificate	of Status Desired	ı 🗆	\$8.75 A Fee Requi	dditional
	6. Name	e and Address of Curren	t Register	ed Agent				7. Name and	Address of New	Registere	d Agent	
INCINITI C	DODEBT	V MANIACEMENIT II	NC.			Name		-				
INFINITI PROPERTY MANAGEMENT INC. 1301 SEMINOLE BLVD., STE 110 LARGO, FL 33770					Street Ac	ddress (F	dress (P.O. Box Number is Not Acceptable)					
						City		•		F	L Zip Co	nde
8. The above	named entit	ty submits this statement f	or the purp	ose of changing its	registere	d office or	registere	ed agent, or bot	th, in the State of	Florida. I a	m familiar witl	h, and accept
the obliga	tions of regis	tered agent.										
SIGNATURE	Signature, typed	d or printed name of registered agen	t and title if app	olicable. (NOTE	Registered	l Agent signetu	re nequired on	when reinstating)		DATE	:	
	Filing Fee Is \$61.25 Due by May 1, 2008			9. Election Campaign Financing Trust Fund Contribution.								
								\$5.00 May B Added to Fees			ck payable artment of	
10.			IRECTORS	Trust Fund C				Added to Fees	FI	orida Dep	artment of	State
10.		May 1, 2008	IRECTORS	Trust Fund C	ontributi	on.		Added to Fees		orida Dep	DIRECTORS	State N 10
TITLE NAME	VD PRIGG, R	May 1, 2008 OFFICERS AND DI	IRECTORS	Trust Fund C	ontribution 11.	on. I	TD	Added to Fees	ANGES TO OFFIC	Orida Dep CERS AND I	artment of	State N 10
TITLE NAME STREET ADDRESS	VD PRIGG, R 7057 VER	OFFICERS AND DI RUTH RSAILLES	IRECTORS	Trust Fund C	11. TITLE	on. I	TD	Added to Fees	ANGES TO OFFIC	Orida Dep CERS AND I	DIRECTORS	State N 10
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of the corporation or the receiver or trustee empowered to executate 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

SIGNATURE: SIGNATURE AND TYPED OR PRINTED MAKE OF SIGNING OFFICER OR DIRECTOR	3/5/08		
	* Date	Daytime Phone ∉	