

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

03-25-2008 90014 021 \*\*\*\*61.25

<b>DOCUMENT # 740464</b> 1. Entity Name <b>VENDOME VILLAGE UNIT FIFTEEN ASSOCIATION, INC.</b>					
Principal Place of Business <b>C/O INFINITI PROPERTY MANAGEMENT, INC.          1301 SEMINOLE BLVD, STE 110          LARGO, FL 33770 US</b>			Mailing Address <b>C/O INFINITI PROPERTY MANAGEMENT, INC.          1301 SEMINOLE BLVD, STE 110          LARGO, FL 33770 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-1654786</b>	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>INFINITI PROPERTY MANAGEMENT INC.          1301 SEMINOLE BLVD., STE 110          LARGO, FL 33770</b>			Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
		<b>Make check payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PRIGG, RUTH		NAME	Alma Fisher	
STREET ADDRESS	7057 VERSAILLES		STREET ADDRESS	7075 Lafayette	
CITY-ST-ZIP	PINELLAS PARK, FL 33781		CITY-ST-ZIP	Pinellas Park, FL 33781	
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CZARNECKI, STAN		NAME	Eileen Nardelli	
STREET ADDRESS	6985 LAFAYETTE		STREET ADDRESS	6997 Versailles	
CITY-ST-ZIP	PINELLAS PARK, FL 33781		CITY-ST-ZIP	Pinellas Park, FL 33781	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DUPUIS, NATALIE		NAME	Salvatore Iannaccone	
STREET ADDRESS	7047 VERSAILLES		STREET ADDRESS	6987 Versailles	
CITY-ST-ZIP	PINELLAS PARK, FL 33781		CITY-ST-ZIP	Pinellas Park, FL 33781	
TITLE	STD	<input type="checkbox"/> Delete	TITLE	VS D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAWKINS, DAVID		NAME		
STREET ADDRESS	7070 LAFAYETTE		STREET ADDRESS		
CITY-ST-ZIP	PINELLAS PARK, FL 33781		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOLMES, RAY		NAME	Ettore Nardelli	
STREET ADDRESS	7050 LAFAYETTE		STREET ADDRESS	6997 Versailles	
CITY-ST-ZIP	PINELLAS PARK, FL 33781		CITY-ST-ZIP	Pinellas Park, FL 33781	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAUZIERS, DOROTHY		NAME	Andre Van der Roost	
STREET ADDRESS	7067 VERSAILLES		STREET ADDRESS	7085 Lafayette	
CITY-ST-ZIP	PINELLAS PARK, FL 33781		CITY-ST-ZIP	Pinellas Park, FL 33781	
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.					
<b>SIGNATURE:</b> <u>Eileen Nardelli</u> <span style="float: right;">3/5/08</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					