


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2006 8:00 am
Secretary of State

02-16-2006 90051 031 ****61.25

| | |
|------------------------------------------------|-----------------------------------------------------------------------------------|
| DOCUMENT # 740662 |  |
| 1. Entity Name | |
| VENDOME VILLAGE UNIT SIXTEEN ASSOCIATION, INC. | |

| | |
|-----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| Principal Place of Business | Mailing Address |
| C/O INFINITI PROPERTY MANAGEMENT, INC 1301 SEMINOLE BLVD., STE 110 LARGO FL 33770 US | C/O INFINITI PROPERTY MANAGEMENT, INC 1301 SEMINOLE BLVD., STE 110 LARGO FL 33770 US |

| | |
|---------------------------------------|---------------------------|
| 2. Principal Place of Business | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

| | |
|-------------------------|-------------------------|
| City & State | City & State |
| Zip | Country |

| | |
|--------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|
| 4. FEI Number 59-1654792 | Applied For <input type="checkbox"/> Not Applicable |
| 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., STE 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| | | |
|--------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| FILE NOW: FEE IS \$61.25 Due By May 1, 2006 | 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 | |
|----------------------------|------------------------------------------------------|
| TITLE | PD <input checked="" type="checkbox"/> Delete |
| NAME | SOUCY, HERMAN |
| STREET ADDRESS | 7045 MONTE CARLO |
| CITY-ST-ZIP | PINELLAS PARK FL 33781 |
| TITLE | TD <input type="checkbox"/> Delete |
| NAME | SALVISKI, FLORENCE |
| STREET ADDRESS | 8440 JEFFREY |
| CITY-ST-ZIP | PINELLAS PARK FL 33781 |
| TITLE | SD <input type="checkbox"/> Delete |
| NAME | WEINEL, HOPE |
| STREET ADDRESS | 8445 JEFFREY |
| CITY-ST-ZIP | PINELLAS PARK FL 33781 |
| TITLE | VD <input type="checkbox"/> Delete |
| NAME | HIGGINS, EVELYN |
| STREET ADDRESS | 8447 DEAUVILLE |
| CITY-ST-ZIP | PINELLAS PARK FL 33781 |
| TITLE | D <input type="checkbox"/> Delete |
| NAME | FREE, JOHN |
| STREET ADDRESS | 8475 JEFFREY |
| CITY-ST-ZIP | PINELLAS PARK FL 33781 |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|-------------------------------------------------------|-----------------------------------------------------------------------------------------|
| TITLE | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | SOUCY, YVETTE |
| STREET ADDRESS | 7045 MONTE CARLO |
| CITY-ST-ZIP | PINELLAS PARK, FL 33781 |
| TITLE | P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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: *Evelyn Higgins* Evelyn Higgins 2/6/06 (727) 546-2869