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

Apr 12, 2007 8:00 am Secretary of State **DOCUMENT # 740737** 1. Entity Name 04-12-2007 90037 001 ****61.25 VENDOME VILLAGE UNIT NINE ASSOCIATION, INC. Principal Place of Business Mailing Address C/O INFINITI PROPERTY MANAGEMENT, INC C/O INFINITI PROPERTY MANAGEMENT INC 1301 SEMINOLE BLVD. STE 110 1301 SEMINOLE BLVD. STE 110 LARGO FL 33770 LARGO FL 33770 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, atc 1st MOORE CR2E037 (10/06) City & State City & State 4. FEI Number Applied For 59-1654767 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name INFINITI PROPERTY MANAGEMENT INC Street Address (P.O. Box Number is Not Acceptable) 1301 SEMINOLE BLVD, STE 110 **LARGO FL 33770** City 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** Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. П Due By May 1, 2007 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. PD IIIIE Delete 11111 Change Addition STRUBING, ROBERT NAMI NAME STREET ADDRESS STREET ADDRESS 6900 LAFAYETTE CITY-ST-7IP CITY ST ZIP PINELLAS PARK FL MILE VD ☐ Delete TITLE Change Addition NAME RYAN, RUTH NAME STREET ADDRESS STREET ADDRESS 6910 LAFAYETTE CHY-SI-7P PINELLAS PARK FL 33781 CITY - ST- 7IP Defete THE THE Change ☐ Addition PD NAME NAMI LOUGHLIN, GAIL STREET ADDRESS STREET ADDRESS 6920 LAFAYETTE CITY-S1-7IP CITY ST ZIP PINELLAS PARK FL 33781 STD THIC Delete HILE ☐ Change **X**Addition ח NAME NAME Amy Strubing PRESTI, CAROL STREET ADDRESS STREET ADDRESS 6900 Lafayette 6845 VERSAILLES CITY S1-ZIP CHY S1-ZIP PINELLAS PARK FL 33781 Pinellas Park, FL 33781 THE Delete ☐ Change ___ Addition NAME SZIADUL, SOPHIE NAME STREET ADDRESS 6905 VERSAILLES STREET LADORESS CITY-S1-7IP CITY ST-7IP PINELLAS PARK FL 33781 DILE ☐ Delete шц Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-7IP 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 employered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11

with all other like empowered.

if changed, or on an

SIGNATURE:

attachment with an address

FILED