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

## Mar 14, 2008 08:00 AM **DOCUMENT # 740737** 1. Entity Name **Secretary of State** VENDOME VILLAGE UNIT NINE ASSOCIATION, INC. Principal Place of Business Mailing Address C/O INFINITI PROPERTY MANAGEMENT, INC 1301 SEMINOLE BLVD. STE 110 C/O INFINITI PROPERTY MANAGEMENT INC 1301 SEMINOLE BLVD. STE 110 LARGO FL 33770 **LARGO FL 33770** 2. Principa! Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #. etc. Suite, Apt #, etc. 1st MOORE CR2E037 (10/07) City & State City & State 4. FEI Number Applied For 59-1654767 Not Applicable Zio Country Country \$8.75 Additional 5. Certificate of Status Desired 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 Due By May 1, 2008 Trust Fund Contribution. Added to Fees Florida Department of State ning pagara 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition RYAN, RUTH U00000858242 04/01/08-80037-017 61.25 NAME NAME 6910 LAFAYETTE STREET ADDRESS STREET ADDRESS PINELLAS PARK FL 33781 CITY-ST-ZIP CITY-ST-7IP PD TITLE ☐ Delate TITLE Change ☐ Addition LOUGHLIN, GAIL NAME NAME 6920 LAFAYETTE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PINELLAS PARK FL 33781 CITY-ST-ZiP STD --- -ince ☐ Delete TITLE ☐ Change Addition STRUBING, AMY NAME NAME STREET ADDRESS 6900 LAFAYETTE STREET ADDRESS PINELLAS PARK FL 33781 CITY-ST-ZIP CITY - ST - ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

**FILED** 

12. Thereby 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 corocration 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: