

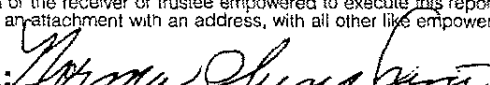


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 08, 2006 08:00 AM
Secretary of State

DOCUMENT # 740926 1. Entity Name VENDOME VILLAGE UNIT ELEVEN ASSOCIATION, INC.					
Principal Place of Business C/O INFINITI PROPERTY MGMT. 1301 SEMINOLE BLVD #110 LARGO FL 33770 US				Mailing Address C/O INFINITI PROPERTY MGMT. 1301 SEMINOLE BLVD #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	Zip	Country	4. FEI Number 59-1654773 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fees Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
INFINITI PROPERTY MGMT., INC. 1301 SEMINOLE BLVD STE 110 LARGO FL 33770				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 <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RICHARDS, PEGGY		NAME	U00000425109 02/18/06-80080-017 61.25	
STREET ADDRESS	8445- 68TH WAY N.		STREET ADDRESS		
CITY- ST- ZIP	PINELLAS PARK FL 33781		CITY- ST- ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NORMAN, FORREST		NAME		
STREET ADDRESS	8475 68TH WAY N		STREET ADDRESS		
CITY- ST- ZIP	PINELLAS PARK FL		CITY- ST- ZIP		
TITLE	STD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DOUGHTY, BETTY		NAME		
STREET ADDRESS	8470 CALAIS		STREET ADDRESS		
CITY- ST- ZIP	PINELLAS PARK FL 33781		CITY- ST- ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SUNSHINE, NORMA		NAME		
STREET ADDRESS	8455 68TH WAY NORTH		STREET ADDRESS		
CITY- ST- ZIP	PINELLAS PARK FL		CITY- ST- ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HAMMETT, HARRY		NAME		
STREET ADDRESS	8472 68TH WAY N		STREET ADDRESS		
CITY- ST- ZIP	PINELLAS PARK FL 33781		CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			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: 			Norma Sunshine		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 2/6/06 (727) 541-6288		