

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 740926

FILED  
Feb 23, 2009  
Secretary of State

Entity Name: VENDOME VILLAGE UNIT ELEVEN ASSOCIATION, INC.

## Current Principal Place of Business:

C/O INFINITI PROPERTY MGMT.  
1301 SEMINOLE BLVD #110  
LARGO, FL 33770 US

## New Principal Place of Business:

C/O QUALIFIED PROPERTY MGMT.  
1301 SEMINOLE BLVD #110  
LARGO, FL 33770 US

## Current Mailing Address:

C/O INFINITI PROPERTY MGMT.  
1301 SEMINOLE BLVD #110  
LARGO, FL 33770 US

## New Mailing Address:

C/O QUALIFIED PROPERTY MGMT.  
1301 SEMINOLE BLVD #110  
LARGO, FL 33770 US

FEI Number: 59-1654773

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

INFINTI PROPERTY MGMT., INC.  
1301 SEMINOLE BLVD  
STE 110  
LARGO, FL 33770 US

## Name and Address of New Registered Agent:

QUALIFIED PROPERTY MGMT., INC.  
5901 US 19  
SUITE 7Q  
NEW PORT RICHEY, FL 34652 US

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.

SIGNATURE: MARY A. WHITE

02/23/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: VD ( ) Delete  
Name: RICHARDS, PEGGY  
Address: 8445- 68TH WAY N.  
City-St-Zip: PINELLAS PARK, FL 33781

Title: PD ( ) Delete  
Name: NORMAN, FORREST  
Address: 8475 68TH WAY N  
City-St-Zip: PINELLAS PARK, FL

Title: STD ( ) Delete  
Name: DOUGHTY, BETTY  
Address: 8470 CALAIS  
City-St-Zip: PINELLAS PARK, FL 33781

Title: D ( ) Delete  
Name: HAMMETT, HARRY  
Address: 8472 68TH WAY N  
City-St-Zip: PINELLAS PARK, FL 33781

Title: D ( ) Delete  
Name: PATRICK, SHIRLEY  
Address: 8462 68TH WAY NORTH  
City-St-Zip: PINELLAS PARK, FL 33781

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FORREST NORMAN

PD

02/23/2009

Electronic Signature of Signing Officer or Director

Date