

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

**FILED**  
**Mar 25, 2008 8:00 am**  
**Secretary of State**

03-25-2008 90014 022 \*\*\*\*61.25

**DOCUMENT # 741930**

1. Entity Name

VENDOME VILLAGE UNIT TWELVE ASSOCIATION, INC.



Principal Place of Business

% INFINITI PROPERTY MANAGEMENT INC  
1301 SEMINOLE BLVD., STE. 110  
LARGO FL 33770  
US

Mailing Address

% INFINITI PROPERTY MANAGEMENT INC  
1301 SEMINOLE BLVD., STE. 110  
LARGO FL 33770  
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number

59-1654776

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

INFINITI PROPERTY MANAGEMENT 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

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**  
**Due By May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	YOUNG, CLOYD	
STREET ADDRESS	8447 ORLEANS	
CITY-ST-ZIP	PINELLAS PARK FL 33781	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	SAKER, JEANETTE	
STREET ADDRESS	8467 ORLEANS	
CITY-ST-ZIP	PINELLAS PARK FL 33781	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	ALDUINO, MARY	
STREET ADDRESS	6960 VERSAILLES	
CITY-ST-ZIP	PINELLAS PARK FL 33781	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	HENDERSHOT, JAMES	
STREET ADDRESS	8477 ORLEANS	
CITY-ST-ZIP	PINELLAS PARK FL 33781	
TITLE	D	<input type="checkbox"/> Delete
NAME	BINKLEY, JOHN	
STREET ADDRESS	8445 CAROLYN	
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	STD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Barbara Pellegrino	
STREET ADDRESS	8470 Carolyn	
CITY-ST-ZIP	Pineellas Park, FL 33781	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PAUL KRAFT	
STREET ADDRESS	6945 monte carlo	
CITY-ST-ZIP	Pineellas Park, FL 33781	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Frank TAFUD	
STREET ADDRESS	8457 Orleans	
CITY-ST-ZIP	Pineellas Park, FL 33781	
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bill Pellegrino	
STREET ADDRESS	8470 Carolyn	
CITY-ST-ZIP	Pineellas Park, FL 33781	
TITLE	VD	<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:

*Bill Pellegrino*

3/5/08