

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 745478

FILED  
Mar 13, 2009  
Secretary of State

**Entity Name:** THE TOWNHOMES OF LAKE SEMINOLE PROPERTY OWNERS ASSOCIATION, INC.

## Current Principal Place of Business:

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

## New Principal Place of Business:

% QUALIFIED PROPERTY MANAGEMENT, INC.  
1301 SEMINOLE BLVD., SUITE 110  
LARGO, FL 33770 US

## Current Mailing Address:

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

## New Mailing Address:

% QUALIFIED PROPERTY MANAGEMENT, INC.  
1301 SEMINOLE BLVD., SUITE 110  
LARGO, FL 33770 US

FEI Number: 59-1875197

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

QUALIFIED PROPERTY MANAGEMENT, INC.  
5901 US 19 N.  
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

03/13/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: JONES, BOB  
Address: 9409 SEMINOLE BLVD # 113  
City-St-Zip: SEMINOLE, FL 33772

Title: SD ( ) Delete  
Name: BROWN, SHARON  
Address: 9409 SEMINOLE BLVD # 86  
City-St-Zip: SEMINOLE, FL 33772

Title: T ( ) Delete  
Name: MOGLE, JEAN  
Address: 9409 SEMINOLE BLVD # 177  
City-St-Zip: SEMINOLE, FL 33772

Title: T ( ) Delete  
Name: SOUTHERN, MAY  
Address: 9409 SEMINOLE BLVD # 5  
City-St-Zip: SEMINOLE, FL 33772

Title: VP ( ) Delete  
Name: SCHMITTAUS, JOE  
Address: 14683 SEMINOLE TRAIL  
City-St-Zip: SEMINOLE, FL 33776

Title: D ( ) Delete  
Name: SANDS, RICK  
Address: 9409 SEMINOLE BLVD # 31  
City-St-Zip: SEMINOLE, FL 33772

## 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:

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: BOB JONES

PD

03/13/2009

Electronic Signature of Signing Officer or Director

Date