FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

756650

(8)

MAGNOLIA RIDGE CONDOMINIUM LASSOCIATION, INC.

MAGNOLIA HIDGE CONDOMINIUM I ASSOCIATION, INC.						
Principal Plac	e of Business	Mailing Address		<u> </u>	. I ANDINK HANDEL DIVINE BILLIO BILLIO BILLIO BILLIO BILBIN BILBI	
INFINITI PROPERTY MANAGEMENT. INC. 1301 SEMINOLE BLVD., SUITE 110 LARGO FL 33770		1301 SEMINOLE BLVD LARGO FL 34640			3. Date Incorporated or Qualified 03/06/1981 4. FEI Number Applied For	
US		US			4. FEI Number Applied For S9-2262428 Not Applicable	
2. Principal P	lace of Business	2s. Mailing Address			60 7F	<u> </u>
21		26			Certificate of Status Desired SB.75 Additional Fee Required	
Suite, Apt	#, etc.	Suite, Apt. #, etc.			Election Campaign Financing \$5.00 May Be	
City & State		City 9 Chair	City & State		Trust Fund Contribution	_
23 City & State	U	28 City & State			7. Is this nonprofit corporation a homeowners association? Yes No	
Zip	Country	Zip	Count	ry	8. This corporation owes or has paid the current year Intangible	
24	25	29 33770	30	•	Personal Property Tax due June 30. X Yes No	
	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New Registered Agent	
i I			8	1 Name		
INFINITI PROPERTY MANAGEMENT INC. 1301 SEMINOLE BLVD.			l		tress (P.O. Box Number is Not Acceptable)	
SUITE 1			8	3		
LARGO			a		FL 85 Zip Code	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.						
SIGNATURE .	Signature, typed or printed name of registered a		MOVE D		ired when reinstating) DATE	_
12.		ND DIRECTORS	13.	Gent alignature raqui	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	-
TITLE	PD	☐ DELETE	1.1 TITL		☐ Change ☐ Additio	n
NAME	KUDELKA, CARA		1.2 NAM	Ε		
STREET ADDRESS	3610-F MAGNOLIA RIDGE C	RCLE	1.3 STRE	ET ADDRESS		
CITY-ST-ZIP	PALM HARBOR FL		1.4 CITY	- ST- ZIP		
TITLE	TD	☐ DELETE	2.1 TITL		Change Additio	n
NAME	DUPUIS, RAY	NAA1 F	2.2 NAM			
STREET ADORESS	3581-B MAGNOLIA RIDGE C	ARCLE		ET ADDRESS		
CITY-ST-ZIP TITLE	PALM HARBOR FL SD	DELETE	2. 4 CHY 3.1 THLE	- ST - ZIP	☐ Change ☐ Additio	
NAME	PRICE, PEGGY		3.2 NAM	1	D change D reduced	"
STREET ADDRESS	3585-B MAGNOLIA RIDGE C	NA .		ET ADDRESS		
CITY-ST-ZIP	PALM HARBOR FL	, H 1,	3.4. CITY			
TITLE	D	DELETE	4.1 TITLE		☐ Change ☐ Addition	'n
NAME	HOLCOMBE, MARILYN		4 2 NAN	ie Ì		
STREET ADDRESS	3591-F MAGNOLIA RIDGE C	IRCLE	4.3 STRE	ET ADDRESS		
CITY-ST-ZIP	PALM HARBOR FL		4.4 CITY	-ST-ZIP		
TITLE	VD	DELETE	5.1 TITLE		Change Addition	'n
NAME	WADENKLEE, FLORENCE		5.2 NAM	:		
STREET ADDRESS	3571-C MAGNOLIA RIDGE C	XIRCLE	5.3 STRE	ET ADDRESS		
CITY-ST-ZIP	PALM HARBOR FL		5.4 CITY	ST-ZIP		_
TITLE	_	DELETE	61 TITLE		Change Addition	n
NAME			6.2 NAM	I		
STREET ADDRESS			4	ET ADDRESS		
CITY-ST-ZIP			6.4 CITY	ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my affiniture 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 12 or Block 13 if changed or on an attachment with a faddress.

SIGNATURE

ymml L. Vepen 787-9761

FILED

Apr 30 1998 8:00am

Secretary of State

CR2E037 (10/97)