

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY -1 PM 1:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 759244 (7)

1. Corporation Name

**LAKE SEMINOLE VILLAGE HOMEOWNERS ASSOCIATION, IN
C.**

Principal Place of Business

Mailing Address

C/O INFINITI PROPERTY MANAGEMENT INC
1301 SEMINOLE BLVD STE 110
LARGO FL 34640-8183
US

C/O INFINITI PROPERTY MANAGEMENT INC
1301 SEMINOLE BLVD, SUITE 110
LARGO FL 34640-8183
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/21/1981

3a. Date of Last Report

04/26/1994

4. FEI Number

59-2262433

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be

Added to Fees

7. Nonprofit with IRS 501(c)(3)

☐

\$68.75 Supplemental

Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,

Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

INFINITI PROPERTY MANAGEMENT
1301 SEMINOLE BOULEVARD
STE 110
LARGO FL 34640

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME THOMAS, PATRICIA
STREET ADDRESS 10469 98TH ST N
CITY-ST-ZIP SEMINOLE FL

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME HUNICUTT, GUY
STREET ADDRESS 10518 98TH ST N
CITY-ST-ZIP SEMINOLE FL

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE T
NAME BROWN, ROBERT
STREET ADDRESS 9872 LAKE SEMINOLE DR E
CITY-ST-ZIP SEMINOLE FL

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE SD
NAME MAUER, RONALD
STREET ADDRESS 10587 98TH ST. NO.
CITY-ST-ZIP SEMINOLE FL

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VD
NAME GILES, NANCY
STREET ADDRESS 9888 LAKE SEMINOLE DR W
CITY-ST-ZIP SEMINOLE FL

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13, unchanged, or on an attachment with an address.

SIGNATURE:

Patricia W. Thomas Patricia W. Thomas

4-27-95

58137345-9111

SIGNATURE AND TYPED OR PRINTED NAME OF DOMING OFFICER OR DIRECTOR

Date

(Type in Block 13)