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May 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # 759244 (7)

1. Corporation Name

LAKE SEMINOLE VILLAGE HOMEOWNERS ASSOCIATION, IN C.

Principal Place of Business	Mailing Address
C/O INFINITI PROPERY 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 33770-8124 US

3. Date Incorporated or Qualified: 07/21/1981
3a. Date of Last Report: 04/26/1996

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
24 33770 25 / 29 Zip / 30 Country

4. FEI Number: 59-2262433 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

INFINITI PROPERTY MANAGEMENT
1301 SEMINOLE BOULEVARD
STE 110
LARGO FL 34640

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code 33770

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 _____ DATE
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	NICHOLSON, ANGELA		1.2 NAME		
STREET ADDRESS	9870 LAKE SEMINOLE DR. W		1.3 STREET ADDRESS		
CITY-ST-ZIP	SEMINOLE FL		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	CRAMER, CATHERINE		2.2 NAME		
STREET ADDRESS	10320-97TH ST. NO		2.3 STREET ADDRESS		
CITY-ST-ZIP	SEMINOLE FL		2.4 CITY-ST-ZIP		
TITLE	T	☒ DELETE	3.1 TITLE	T/D	☐ Change ☒ Addition
NAME	BROWN, ROBERT		3.2 NAME	KRISTALL, PETER	
STREET ADDRESS	9872 LAKE SEMINOLE DR.E		3.3 STREET ADDRESS	9912 LAKE SEMINOLE DR. W.	
CITY-ST-ZIP	SEMINOLE FL		3.4 CITY-ST-ZIP	LARGO, FL 33773	
TITLE	SD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MAUER, RONALD		4.2 NAME		
STREET ADDRESS	10567 98TH ST. NO.		4.3 STREET ADDRESS		
CITY-ST-ZIP	SEMINOLE FL		4.4 CITY-ST-ZIP		
TITLE	VD	☒ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME	SWEENEY, JOHN		5.2 NAME	LAFFERTY, DAWN	
STREET ADDRESS	9780 LAKE SEMINOLE DR. E		5.3 STREET ADDRESS	9685 LAKE SEMINOLE DR. E.	
CITY-ST-ZIP	SEMINOLE FL		5.4 CITY-ST-ZIP	LARGO, FL 33773	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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 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 if changed, or on an attachment with an address.

EXT 524

SIGNATURE: [illegible] REQUIRED 4/18/97 (813)837-2451
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0049715