FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #

759244

(7)

LAKE SEMINOLE VILLAGE HOMEOWNERS ASSOCIATION, IN

C.

FILED Apr 29 1998 8:00am Secretary of State

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Principal Place of Business		Mailing Address			t restre contra enter contra ment mint mint biett diett diett diett filbit idbi	
C/O INFINITI PROPERY MANAGEMENT INC 1301 SEMINOLE BLVD STE 110 LARGO FL 33770		C/O INFINITI PROPERTY MANAGEMENT INC 1301 SEMINOLE BLVD, SUITE 110 LARGO FL 34640-8183		T INC	3. Date Incorporated or Qualified 07/21/1981	
US		US			4. FEI Number Applied For	
9 Principal C	Stage of Business	2a. Mailing Address			59-2262433 Not Applicable	
Principal Place of Business The Principal Place of Business		26. Mailing Address			5. Certificate of Status Desired S8.75 Additional Fee Required	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			6. Election Campaign Financing \$5.00 May Be	
22		27			Trust Fund Contribution Added to Fees	
City & State		City & State			7. Is this nonprofit corporation a homeowners association?	
23		28			¥ Yes □ No	
Zip	Country	Zip	Country	У	6. This corporation owes or has paid the current year Intangible	
24	25		30		Personal Property Tax due June 30. 🔀 Yes 🔲 No	
9. Name and Address of Current Registered Agent				Name	10. Name and Address of New Registered Agent	
			81	IVANTIO		
	PROPERTY MANAGEMENT		62	Street	Address (P.O. Box Number is Not Acceptable)	
	EMINOLE BOULEVARD		_	<u>. </u>		
STE 110			83	1		
LARGO	FL 33770		84	City	85 Zip Code	
					FL 85 ZID COOK	
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.						
agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.						
SIGNATURE						
40	Signature, typed or printed name of registered ag			ent signature	required when reinstating) DATE	
12.	PD OFFICERS AN	ID DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 P/D	
		DECENE	1.1 TITLE		1 -·- — — — — — — — — — — — — — — — — — —	
NAME	NICHOLSON, ANGELA 9870 LAKE SEMINOLE DR. V	¥1	1.2 NAME		DELK, JOE	
STREET ADDRESS		N .		T ADDRESS	9790 LAKE SEMINOLE DR. E.	
CITY-SI-ZIP TITLE	SEMINOLE FL VD	DELETE	1.4 CITY-1	ST-ZIP	LARGO, FL 33773	
			2.1 TITLE		V/D ☐ Change ☒ Addition	
NAME			2.2 NAME		RITTER, KATHERINE	
STREET ADDRESS	10320-97TH ST. NO			T ADDRESS	9931 LAKE SEMINOLE DR. W.	
CITY-ST-ZIP TITLE			2. 4 CITY-	ST-ZIP	LARGO, FL 33773	
	• •	[] DELETE	3.1 TITLE		☐ Change ☐ Addition	
NAME	KRISTALL, PETER	,	3.2 NAME			
STREET ADDRESS	9912 LAKE SEMINOLE DR W LARGO FL	1		T ADDRESS		
CITY-S1-ZIP		₩ DELETE	3.4. CITY-	ST-ZIP	C/D	
TITLE	SD MAINED BONIALD	NEW DETELE	4.1 YITLE		S/D Change Addition	
NAME	MAUER, RONALD		4. 2 NAME		VINCIGUERRA, JR., JOSEPH	
STREET ADDRESS	10567 96TH ST. NO.		4.3 STREET		9694 LAKE SEMINOLE DR. E.	
CITY - ST - ZIP	SEMINOLE FL	₩ DELETE	4.4 CITY - 5	ST-ZIP	LARGO, FL 33773	
TITLE	D LACCEDTY DAMAI	E VELETE	5.1 TITLE		Dough Care	
NAME	LAFFERTY, DAWN		5.2 NAME		JENSEN, RICHARD	
STREET ADDRESS	9685 LAKE SEMINOLE DR E		5.3 STREET		9755 LAKE SEMINOLE DR. E.	
CITY-ST-ZIP	LARGOF FL	I Devete	5.4 CITY - 8	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	L <u>-</u> .		6.4 CITY-5	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 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 ampowered 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.

SIGNATURE:

e Well Pres Doe D

04/09/98

(813)398-7877

RZE037 (10/97)