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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **759244**

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 33770 US	C/O INFINITI PROPERTY MANAGEMENT INC 1301 SEMINOLE BLVD. SUITE 110 LARGO FL 33770 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 07/21/1981
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2262433 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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 33770	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 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	DELK, JOE		1.2 NAME		
STREET ADDRESS	9790 LAKE SEMINOLE DR. E.		1.3 STREET ADDRESS		
CITY-ST-ZIP	LARGO FL 33773		1.4 CITY-ST-ZIP	SEMINOLE	
TITLE	VD	☒ DELETE	2.1 TITLE	V/D	☐ Change ☒ Addition
NAME	RITTER, KATHERINE		2.2 NAME	MOORS, JERILYN	
STREET ADDRESS	9931 LAKE SEMINOLE DR. W.		2.3 STREET ADDRESS	9721 LAKE SEMINOLE DR. E.	
CITY-ST-ZIP	LARGO FL 33773		2.4 CITY-ST-ZIP	SEMINOLE, FL 33773	
TITLE	TD	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	KRISTALL, PETER		3.2 NAME		
STREET ADDRESS	9912 LAKE SEMINOLE DR W		3.3 STREET ADDRESS		
CITY-ST-ZIP	LARGO FL		3.4. CITY-ST-ZIP	SEMINOLE	
TITLE	SD	☒ DELETE	4.1 TITLE	S/D	☐ Change ☒ Addition
NAME	VINCIGUERRA, JOSEPH JR.		4. 2 NAME	TREHY, ELAINE	
STREET ADDRESS	9694 LAKE SEMINOLE DR. E.		4.3 STREET ADDRESS	10300-A 97TH ST. N.	
CITY-ST-ZIP	LARGO FL 33773		4.4 CITY-ST-ZIP	SEMINOLE, FL 33773	
TITLE	D	☒ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME	JENSEN, RICHARD		5.2 NAME	JONES, NORMAN	
STREET ADDRESS	9755 LAKE SEMINOLE DR. E.		5.3 STREET ADDRESS	10434 98TH ST. N.	
CITY-ST-ZIP	LARGOF FL 33773		5.4 CITY-ST-ZIP	SEMINOLE, 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		

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 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, with all other like empowered.

SIGNATURE: Joe Delk REQUIRED 4-15-99 (727)585-3491
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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