# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Apr 10, 2001 8:00 am**
**Secretary of State**
04-10-2001 90067 050 ****61.25

DOCUMENT # 759244

1. Entity Name

LAKE SEMINOLE VILLAGE HOMEOWNERS ASSOCIATION, IN

| Principal Place of Business | Mailing Address |
|---|---|
| C/O INFINITI PROPERY MANAGEMENT INC<br>1301 SEMINOLE BLVD STE 110<br>LARGO FL 33770<br>US | C/O INFINITI PROPERTY MANAGEMENT INC<br>1301 SEMINOLE BLVD. SUITE 110<br>LARGO FL 33770<br>US |

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| c/o Condominium Associates | c/o Condominium Associates |
| Suite, Apt. #, etc.<br>3001 EXECUTIVE DR. #260 | Suite, Apt. #, etc.<br>3001 EXECUTIVE DR. #260 |
| City & State<br>CLEARWATER, FL. | City & State<br>CLEARWATER, FL. |
| Zip: 33762 Country: US | Zip: 33762 Country: US |

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

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

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| INFINITI PROPERTY MANAGEMENT<br>1301 SEMINOLE BOULEVARD<br>STE 110<br>LARGO FL 33770 | Name: CONDOMINIUM ASSOCIATES<br>Street Address (P.O. Box Number is Not Acceptable): 3001 EXECUTIVE DRIVE, SUITE 260<br>City: CLEARWATER FL Zip Code: 33762 |

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE: Condominium Associates By Craig D Caldwell, Vice President — DATE: 3-21-01

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

**FILE NOW: FEE IS $61.25**

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

**Make Check Payable to Department of State**

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>DELK, JOE<br>9790 LAKE SEMINOLE DR. E.<br>SEMINOLE FL 33773 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>MOORS, JERILYN<br>9721 LAKE SEMINOLE DR. E<br>SEMINOLE FL 33773 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>KRISTALL, PETER<br>9912 LAKE SEMINOLE DR W<br>SEMINOLE FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>WHITLEY, MARY<br>9676 LAKE SEMINOLE DR E<br>SEMINOLE FL 33773 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>JONES, NORMAN<br>10434 98TH ST N<br>SEMINOLE FL 33773 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

CR2E037 (10/00)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** SIGNATURE REQUIRED — 4-3-01 — 727-398-7877

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #