

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N16263 (8)**  
1. Corporation Name  
**SUTTON COURT HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business	Mailing Address
C/O INFINITI PROPERTY MANAGEMENT, INC. 1301 SEMINOLE BLVD. STE. 110 LARGO FL 34640 US	C/O INFINITI PROPERTY MANAGEMENT, INC. 1301 SEMINOLE BLVD. STE. 110 LARGO FL 34640 US

3. Date Incorporated or Qualified <b>08/08/1986</b>	3a. Date of Last Report <b>04/26/1995</b>
4. FEI Number <b>59-2775237</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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
24	25
29	30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
INFINITI PROPERTY MANAGEMENT INC. 1301 SEMINOLE BLVD. SUITE 110 LARGO 34640-5183	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City <b>FL</b> 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	VD <input type="checkbox"/> DELETE	1.1 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SULLIVAN, BOB	1.2 NAME	
STREET ADDRESS	1401 PHEASANT CREEK DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL	1.4 CITY-ST-ZIP	
TITLE	PD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VOGLER, FRANK	2.2 NAME	GITTLER, BARBARA
STREET ADDRESS	3675 OVERLOOK COURT	2.3 STREET ADDRESS	3699 RIDGEMONT CT.
CITY-ST-ZIP	PALM HARBOR FL	2.4 CITY-ST-ZIP	PALM HARBOR, FL 34684
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARENTETTE, LARRY	3.2 NAME	
STREET ADDRESS	1336 PHEASANT CREEK DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL	3.4 CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARLSON, MARJORIE	4.2 NAME	TOBIASSEN, ELEANOR
STREET ADDRESS	3679 CRESTWOOD COURT	4.3 STREET ADDRESS	1324 PHEASANT CREEK DRIVE
CITY-ST-ZIP	PALM HARBOR FL	4.4 CITY-ST-ZIP	PALM HARBOR, FL 34684
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WIELBA, JOAN	5.2 NAME	BYAL, JOHN
STREET ADDRESS	1496 PHEASANT CREEK DR	5.3 STREET ADDRESS	3662 OVERLOOK CT.
CITY-ST-ZIP	PALM HARBOR FL	5.4 CITY-ST-ZIP	PALM HARBOR, FL 34684
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 if changed, or on an attachment with an address.

SIGNATURE: Bob Sullivan Bob Sullivan 4-17-96 787-4129  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E037 (12/95)