

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

**FILED**  
**Apr 24 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N16263 (8)**

1. Corporation Name  
**SUTTON COURT HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business C/O INFINITI PROPERTY MANAGEMENT, INC. 1301 SEMINOLE BLVD. STE. 110 LARGO FL 33770 US	Mailing Address C/O INFINITI PROPERTY MANAGEMENT, INC. 1301 SEMINOLE BLVD. STE. 110 LARGO FL 34640 US
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3. Date Incorporated or Qualified  
**08/08/1986**

4. FEI Number  
**59-2775237**

Applied For	
Not Applicable	

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

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

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

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  
 Yes  No

9. Name and Address of Current Registered Agent

**INFINITI PROPERTY MANAGEMENT INC.  
 1301 SEMINOLE BLVD.  
 SUITE 110  
 LARGO 33770**

10. Name and Address of New Registered Agent

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 reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SULLIVAN, BOB</b>	1.2 NAME	<b>GITTLER, MAX</b>
STREET ADDRESS	<b>1401 PHEASANT CREEK DRIVE</b>	1.3 STREET ADDRESS	<b>3699 RIDGEMONT COURT</b>
CITY-ST-ZIP	<b>PALM HARBOR FL</b>	1.4 CITY-ST-ZIP	<b>PALM HARBOR, FL 34684</b>
TITLE	<b>TD</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>GITTLER, BARBARA</b>	2.2 NAME	<b>KERNER, TERRY</b>
STREET ADDRESS	<b>3699 RIDGEMONT CT</b>	2.3 STREET ADDRESS	<b>3678 CRESTWOOD COURT</b>
CITY-ST-ZIP	<b>PALM HARBOR FL</b>	2.4 CITY-ST-ZIP	<b>PALM HARBOR, FL 34684</b>
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VOGLER, FRANK</b>	3.2 NAME	
STREET ADDRESS	<b>3675 OVERLOOK CT</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PALM HARBOR FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>TOBIASSEN, ELEANOR</b>	4.2 NAME	<b>KUSNERY, LILLIAN</b>
STREET ADDRESS	<b>1324 PHEASANT CREEK DRIVE</b>	4.3 STREET ADDRESS	<b>1425 PHEASANT CREEK DRIVE</b>
CITY-ST-ZIP	<b>PALM HARBOR FL</b>	4.4 CITY-ST-ZIP	<b>PALM HARBOR, FL 34684</b>
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BYAL, JOHN</b>	5.2 NAME	
STREET ADDRESS	<b>3662 OVERLOOK CT</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PALM HARBOR FL</b>	5.4 CITY-ST-ZIP	
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	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>GITTLER, MAX</b>
1.3 STREET ADDRESS	<b>3699 RIDGEMONT COURT</b>
1.4 CITY-ST-ZIP	<b>PALM HARBOR, FL 34684</b>
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>KERNER, TERRY</b>
2.3 STREET ADDRESS	<b>3678 CRESTWOOD COURT</b>
2.4 CITY-ST-ZIP	<b>PALM HARBOR, FL 34684</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>KUSNERY, LILLIAN</b>
4.3 STREET ADDRESS	<b>1425 PHEASANT CREEK DRIVE</b>
4.4 CITY-ST-ZIP	<b>PALM HARBOR, FL 34684</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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.

SIGNATURE: **Max Gittler (813) 769-5403** *Max Gittler* 4/21/98

CF2E087 (10/97)