2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N16263

1. Entity Name

SUTTON COURT HOMEOWNERS ASSOCIATION, INC.

FILED Feb 09, 2000 8:00 am Secretary of State

02-09-2000 90372 038 ****61.25

Principal Place of Business		Mailing Address						
C/O INFINITI PROPERTY MANAGEMENT. INC. 1301 SEMINOLE BLVD. STE. 110 LARGO FL 33770 US		C/O INFINITI PROPERTY MANAGEMENT. INC. 1301 SEMINOLE BLVD. STE. 110 LARGO FL 33770-8124 US				-		
2. Principal Place of Business		3. Mailing Address		, ,,,,,,,,,,		· · · · · · · · · · · · · · · · · · ·		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			DO NOT WRITE	E IN THIS SI	PACE	
City & State		City & State		4. FEI Number	59-2775237			Applied F
Zip	Country	Zip	Country	5. Certificate of	of Status Desired			Additional
	6. Name and Address of Current	Registered Agent		7. Name and	Address of New Re		•	
			Name					
			Street Add	Iress (P.O. Box Number	is Not Acceptable)			
1	ROPERTY MANAGEMENT INC.		Street Add		10 1101 / 1000 pta 510)			
	IINOLE BLVD.	•						
SUITE 110 LARGO 33770		•	City			FL	Zip Ci	ode
				<u> </u>				
8. The above	e named entity submits this statement for	ir the purpose of changing its r {	egistered office or re	egistered agent, or both	i, in the state of Fiori	ida.		
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SIGNATURE					<u>.</u> .			
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE-	Registered Agent signature	required when reinstating)		DATE		
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	FILE NOW:	9. Election Campaign Trust Fund Contribu	Financing ;	\$5.00 May Be		Check P		
	FILE NOW: FEE IS \$61.25	9. Election Campaign Trust Fund Contribu	Financing ; tion.	\$5.00 May Be Added to Fees		Check P partment		
10.		Trust Fund Contribu	Financing tion.	Added to Fees		artment	of State	е
10.	FEE IS \$61.25	Trust Fund Contribu	11.	Added to Fees ADDITIONS/CHA P/D	Dep	s AND DIR	of State	IN 10
TITLE NAME	OFFICERS AND DIE PD GITTLER, MAX	Trust Fund Contribu	11. TITLE NAME	Added to Fees ADDITIONS/CHA P/D HOLTMEYER, F	Dep INGES TO OFFICER	s AND DIR	of State	IN 10
TITLE NAME STREET ADDRESS	PD GITTLER, MAX 3699 RIDGEMONT CT	Trust Fund Contribu	11. TITLE NAME STREET ADDRESS	Added to Fees ADDITIONS/CHA P/D HOLTMEYER, F 3691 RIDGEMO	Dep NGES TO OFFICER RICHARD DNT CT	s AND DIR	of State	IN 10
TITLE NAME	PD GITTLER, MAX 3699 RIDGEMONT CT PALM HARBOR FL 34684	Trust Fund Contribu	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Added to Fees ADDITIONS/CHA P/D HOLTMEYER, F 3691 RIDGEMO PALM_HARBOR	Dep NGES TO OFFICER RICHARD DNT CT	S AND DIR	of State	BIN 10
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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PD GITTLER, MAX 3699 RIDGEMONT CT PALM HARBOR FL 34684 TD KERNER, TERRY	Trust Fund Contribu	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Added to Fees ADDITIONS/CHA P/D HOLTMEYER, F 3691 RIDGEMO PALM HARBOR V/D TOBIASSEN, F	Dep NGES TO OFFICER RICHARD DNT CT FL 34684 CLEANOR	S AND DIR	of State	BIN 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PD GITTLER, MAX 3699 RIDGEMONT CT PALM HARBOR FL 34684 TD KERNER, TERRY 3678 CRESTWOOD COURT	Trust Fund Contribu	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Added to Fees ADDITIONS/CHA P/D HOLTMEYER, F 3691 RIDGEMO PALM HARBOR, V/D TOBIASSEN, F 1324 PHEASAN	Dep NGES TO OFFICER RICHARD DNT CT FL 34684 CLEANOR TICREEK DR	S AND DIR	of State	BIN 10
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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 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 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 in changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SNATURE AND TYPED OF PAINTED NAME OF SIGNING OFFICER OR DIRECTOR

7 27 7 Daytime Phone #