

2000 UNIFORM BUSINESS REPORT (UBR)

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

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

DOCUMENT # N16263

1. Entity 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 33770-8124
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

59-2775237

Applied For

Not Applicable

Zip

Country

Zip

Country

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 INC.
1301 SEMINOLE BLVD.
SUITE 110
LARGO 33770

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ **FL** Zip Code _____

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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	PD	<input checked="" type="checkbox"/> Delete
NAME	GITTLER, MAX	
STREET ADDRESS	3699 RIDGEMONT CT	
CITY-ST-ZIP	PALM HARBOR FL 34684	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	KERNER, TERRY	
STREET ADDRESS	3678 CRESTWOOD COURT	
CITY-ST-ZIP	PALM HARBOR FL 34684	
TITLE	SD	<input type="checkbox"/> Delete
NAME	VOGLER, FRANK	
STREET ADDRESS	3675 OVERLOOK CT	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KUSNERY, LILLIAN	
STREET ADDRESS	1425 PHEASANT CREEK DR	
CITY-ST-ZIP	PALM HARBOR FL 34684	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	BYAL, JOHN	
STREET ADDRESS	3662 OVERLOOK CT	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/>
NAME	HOLIMEYER, RICHARD	
STREET ADDRESS	3691 RIDGEMONT CT	
CITY-ST-ZIP	PALM HARBOR, FL 34684	
TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/>
NAME	TOBIASSEN, ELEANOR	
STREET ADDRESS	1324 PHEASANT CREEK DR	
CITY-ST-ZIP	PALM HARBOR, FL 34684	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/>
NAME	CARLSON, MARJORIE	
STREET ADDRESS	3679 CRESTWOOD CT	
CITY-ST-ZIP	PALM HARBOR, FL 34684	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/>
NAME	KUHN, ANNA MAE	
STREET ADDRESS	1349 PHEASANT CREEK DR	
CITY-ST-ZIP	PALM HARBOR, FL 34684	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Eleanor Tobiasson 1-31-00
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Eleanor Tobiasson Date (727) 789-0700 Daytime Phone #