## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## **FILED** Feb 19, 2008 08:00 AM Secretary of State DOCUMENT # N37577 1. Entity Name CLUBHOUSE VILLAGE OF HIGHLAND LAKES HOMEOWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address C/O INFINITI PROPERTY AMNAGEMENT C/O INFINITI PROPERTY AMNAGEMENT 1301 SEMINOLE BLVD 110 LARGO F 33770 1301 SEMINOLE BLVD **LARGO FL 33770** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. # etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/07) City & State City & State 4. FEI Number Applied For 59-3030838 Not Applicable Zip Country Ζıp Country **\$8.75** Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Nama INFINITI PROPERTY MANAGEMENT INC Street Address (P.O. Box Number is Not Acceptable) 1301 SEMINOLE BLVD SUITE 110 **LARGO FL 33770** Zip Code City 6. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and tile if applicable CATE (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Due By May 1, 2008 Trust Fund Contribution. Added to Fees Florida Department of State ikindilik Kiripita 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TIDE ☐ Delete ☐ Change Addition TITLE CONNELLY, PAT NAME NAME 1600 HIGHLAND CLUB COURT STREET ADDRESS STREET ADDRESS PALM HARBOR FL 34684 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change Addition U000000832744 SABELLA, FRANK NAME 02/27/08-80072-004 61.25 MAME 1802 HIGHLAND CLUB LANE STREET ADDRESS STREET ADDRESS PALM HARBOR FL 34684 CITY-ST-ZIF CITY-ST-ZIP TITLE . Delete TITLE Change Addition LENTRICCHIA, DANTE NAME NAME STREET ADDRESS 1804 HIGHLAND CLUB CT STREET ADDRESS CITY-ST-ZIP PALM HARBOR FL 34684 CITY-ST-7/P TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP TITLE Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature snall 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 or an altadiment with an address, with all other like empowered.

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SIGNATURE