

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Mar 13, 2006 8:00 am**  
**Secretary of State**

02-20-2006 90039 046 \*\*\*\*41.25  
03-13-2006 90057 041 \*\*\*\*20.00

|  |  |   |  |  |  |
|--|--|---|--|--|--|
| <b>DOCUMENT # N38620</b><br>1. Entity Name<br><b>VENDOME VILLAGE UNIT ONE ASSOCIATION, INC.</b>  |  |   |  |  |  |
| Principal Place of Business<br><b>% INFINITI PROPERTY MANAGEMENT, INC</b><br><b>1301 SEMINOLE BLVD. SUITE 110</b><br><b>LARGO FL 33770</b><br><b>US</b>  |  |   | Mailing Address<br><b>% INFINITI PROPERTY MANAGEMENT, INC</b><br><b>1301 SEMINOLE BLVD. SUITE 110</b><br><b>LARGO FL 33770</b><br><b>US</b>  |  |  |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.  |  | 3. Mailing Address<br><br>Suite, Apt. #, etc.   |  |  |  |
| City & State<br><br>Zip      Country   |  | City & State<br><br>Zip      Country  |  | 4. FEI Number<br><b>59-1654747</b>                                 |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |  |   |  | Applied For<br><input type="checkbox"/> Not Applicable             |  |
| 6. Name and Address of Current Registered Agent<br><br><b>INFINITI PROPERTY MANAGEMENT INC</b><br><b>1301 SEMINOLE BLVD</b><br><b>SUITE 110</b><br><b>LARGO FL 33770</b>   |  |   | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="text-align: right;"> <b>FL</b>      Zip Code         </div> |  |  |
| 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. I am familiar with, and accept the obligations of registered agent.  |  |   |  |  |  |
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when terminating) DATE</small>   |  |   |  |  |  |
| <b>FILE NOW - FEE IS \$61.25</b><br><b>Due By May 1, 2006</b>  |  | 9. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |  | <b>Make Check Payable to</b><br><b>Florida Department of State</b> |  |
| 10. OFFICERS AND DIRECTORS   |  |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP   | PD<br><b>BUNTING, RETHA</b><br><b>8260 VENDOME BLVD</b><br><b>PINELLAS PARK FL 33781</b>     | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP   | VD<br><b>STEMARIE, PATRICIA</b><br><b>8265 VENDOME BLVD</b><br><b>PINELLAS PARK FL 33781</b> | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP   | STD<br><b>HAMILTON, EDNA</b><br><b>8230 VENDOME BLVD.</b><br><b>PINELLAS PARK FL 33781</b>   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP   | <input type="checkbox"/> Delete  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP   | <input type="checkbox"/> Delete  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| 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 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 if changed, or on an attachment with an address, with all other like empowered. |  |   |  |  |  |
| <b>SIGNATURE:</b> <i>Retha Bunting</i> <b>Retha Bunting</b>  |  |   | <b>2/7/06</b> <b>(727) 547-7988</b>  |  |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |  |   | <small>Date      Daytime Phone #</small>   |  |  |

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1st MOORE CR2E037 (10/05)



ATTACHMENT

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1100

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 22, 2006

VENDOME VILLAGE UNIT ONE ASSOCIATION, INC.  
% INFINITI PROPERTY MANAGEMENT, INC  
1301 SEMINOLE BLVD. SUITE 110  
LARGO, FL 33770 US

Subject: VENDOME VILLAGE UNIT ONE ASSOCIATION, INC.

Reference Number:

N38620

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$41.25; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The fee to file the enclosed nonprofit annual report/uniform business report is \$61.25. If a certificate of status is desired, please add an additional \$8.75.

There is a balance due of \$20.00.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/MH

ANNUAL REPORTS SECTION