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

Mar 14, 2008 08:00 AM DOCUMENT # N38620 **Secretary of State** 1. Entity Name VENDOME VILLAGE UNIT ONE ASSOCIATION, INC. Principal Piace of Business Mailing Address % INFINITI PROPERTY MANAGEMENT, INC % INFINITI PROPERTY MANAGEMENT, INC 1301 SEMINOLE BLVD. SUITE 110 1301 SEMINOLE BLVD. SUITE 110 LARGO FL 33770 **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 59-1654747 Not Applicable Zio 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 INFINITI PROPERTY MANAGEMENT INC Street Address (P.O. Box Number is Not Acceptable) 1301 SEMINOLE BLVD SUITE 110 **LARGO FL 33770** City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and at ell applicable. *(NOTE: Reg stered Agent signature red ared when reinstating) CATE FILE NOW FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees Florida Department of State reingspellage by lyby skip fil 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. T:Π F ☐ Delete TITLE Change TAMAN, DIANE NAME NAME U00000858238 8235 VĖNDOME BLVD. STREET ADDRESS STREET ADDRESS 04/01/08-80037-013 61.25 CITY-ST-ZIP PINELLAS PARK FL 33781 CITY-ST-ZIP TITLE ☐ Deinte TITLE Change Addition STEMARIE, PATRICIA NAME NAME STREET ADDRESS 8265 VENDOME BLVD STREET ADDRESS PINELLAS PARK FL 33781 CITY-ST-ZIP CITY-ST-ZIP דט יי טל 🗀 Delete Li Change Addition HAMILTON, EDNA NAME 8230 VENDOME BLVD. STREET ADDRESS STREET ADDRESS PINELLAS PARK FL 33781 · CITY- ST-7/2 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP TITLE ☐ Delete 11111 Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET AUDRESS STREET ADDRESS CITY - ST - ZIP CDY-ST-7/P

12. I hereby certify that the information supplied with thic 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.

SIGNATURE:

FILED