

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

FILED
Feb 22, 2008 8:00 am
Secretary of State

02-22-2008 90018 005 ****61.25

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1. Entity Name

**TARA CAY SOUND NORTH VILLAGE HOMEOWNER'S
ASSOCIATION, INC.**



Principal Place of Business

**INFINITI PROP MGT., INC.
1301 SEMINOLE BLVD., #110
LARGO FL 33770
US**

Mailing Address

**INFINITI PROP. MGT., INC.
1301 SEMINOLE BLVD., #110
LARGO FL 33770
US**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3394439

Applied For

Not Applicable

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., STE. 110
LARGO FL 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when restoring)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **VD** ☐ Delete
NAME **MACKAY, JOE**
STREET ADDRESS **14861 SEMINOLE TRAIL**
CITY- ST- ZIP **SEMINOLE FL 33776**

TITLE **SD** ☐ Delete
NAME **MANNING, VICKIE**
STREET ADDRESS **14745 SEMINOLE TRAIL**
CITY- ST- ZIP **SEMINOLE FL 33776**

TITLE **D** ☒ Delete
NAME **BLACK, PAULA**
STREET ADDRESS **14859 SEMINOLE TRAIL**
CITY- ST- ZIP **SEMINOLE FL 33776**

TITLE **TD** ☐ Delete
NAME **CAPEN, PATTY**
STREET ADDRESS **14712 SEMINOLE TRAIL**
CITY- ST- ZIP **SEMINOLE FL 33776**

TITLE **PD** ☐ Delete
NAME **SACKETT, BRIAN**
STREET ADDRESS **14676 SEMINOLE TRAIL**
CITY- ST- ZIP **SEMINOLE FL 33776**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Change ☒ Addition
NAME **Woodall, Ron**
STREET ADDRESS **14694 Seminole Trail**
CITY- ST- ZIP **Seminole FL 33776**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

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.

SIGNATURE

[Handwritten Signature]