

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90280 042 ****61.25

DOCUMENT # 726526

1. Entity Name

50 HARBOR VIEW HOMEOWNERS 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1873005**

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, SUITE 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 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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
	PD	ERDMAN, GRACE	50 HARBOR VIEW LANE #A BELLEAIR BLUFFS FL 33770	<input type="checkbox"/> Delete		T/D			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	TD	EDWARDS, JAMES	50 HARBOR VIEW LANE #34 BELLEAIR BLUFFS FL 33770	<input type="checkbox"/> Delete		P/D			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	SD	ROGERS, MARY	50 HARBOR VIEW LANE #B BELLEAIR BLUFFS FL 33770	<input checked="" type="checkbox"/> Delete		S/D	FARRIER, PAUL	50 HARBOR VIEW LANE #19 BELLEAIR BLUFFS, FL 33770	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
				<input type="checkbox"/> Delete		D	MCDONALD, ADAM	50 HARBOR VIEW LANE #38 BELLEAIR BLUFFS, FL 33770	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
				<input type="checkbox"/> Delete		D	FLECKENSTEIN, THEODOR	50 HARBOR VIEW LANE #37 BELLEAIR BLUFFS, FL 33770	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

SIGNATURE: SIGNATURE REQUIRED *Grace J. Erdman* (727) 588-0095

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)