

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 21, 2005 8:00 am**  
**Secretary of State**

03-21-2005 90099 017 \*\*\*\*61.25

**DOCUMENT # 726526**

1. Entity Name

50 HARBOR VIEW HOMEOWNERS ASSOCIATION, INC.



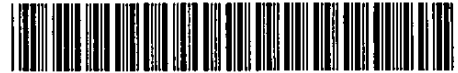
Principal Place of Business

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

**50028434**



1st MOORE

CR2E037 (10/04)

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**  
**Due By May 1, 2005**

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 PD ☐ Delete  
NAME MELI, ROBERT  
STREET ADDRESS 50 HARBOR VIEW LANE #29  
CITY-ST-ZIP BELLEAIR BLUFFS FL 33770

TITLE SD ☒ Delete  
NAME STITT, GWEN  
STREET ADDRESS 50 HARBOR VIEW LANE #17  
CITY-ST-ZIP BELLEAIR BLUFFS FL 33770

TITLE D ☐ Delete  
NAME MCDONALD, ADAM  
STREET ADDRESS 50 HARBOR VIEW LANE #38  
CITY-ST-ZIP BELLEAIR BLUFFS FL 33770

TITLE D ☐ Delete  
NAME FLECKENSTEIN, THEODOR  
STREET ADDRESS 50 HARBOR VIEW LANE #37  
CITY-ST-ZIP BELLEAIR BLUFFS FL 33770

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE S/D/T ☐ Change ☒ Addition  
NAME LACKEY, WILLIAM  
STREET ADDRESS 50 HARBOR VIEW LANE #20  
CITY-ST-ZIP BELLEAIR BLUFFS, FL 33770

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

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

TITLE D ☐ Change ☒ Addition  
NAME HUDSON, ERMA  
STREET ADDRESS 50 HARBOR VIEW LANE #25  
CITY-ST-ZIP BELLEAIR BLUFFS, FL 33770

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 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:

*Robert J. Meli*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert J Meli

3/15/05

727-585-3491

Date

Daytime Phone #