

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 726526

FILED
Feb 25, 2009
Secretary of State

Entity Name: 50 HARBOR VIEW HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

QUALIFIED PROP MGT, INC
1301 SEMINOLE BLVD #110
LARGO, FL 33770 US

Current Mailing Address:

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

New Mailing Address:

QUALIFIED PROP MGT, INC
1301 SEMINOLE BLVD #110
LARGO, FL 33770 US

FEI Number: 59-1873005

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

INFINITI PROPERTY MANAGEMENT INC
1301 SEMINOLE BLVD, SUITE 110
LARGO, FL 33770 US

Name and Address of New Registered Agent:

QUALIFIED PROPERTY MANAGEMENT INC
5901 US 19
SUITE 7Q
NEW PORT RICHEY, FL 34652 US

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.

SIGNATURE: MARY A. WHITE

02/25/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: EDWARDS, JAMES
Address: 50 HARBOR VIEW LANE #34
City-St-Zip: BELLEAIR BLUFFS, FL 33770

Title: SD () Delete
Name: ERDMAN, GRACE
Address: 50 HARBOR VIEW LANE #A
City-St-Zip: BELLEAIR BLUFFS, FL 33770

Title: TD () Delete
Name: FLECKENSTEIN, THEODOR
Address: 50 HARBOR VIEW LANE #37
City-St-Zip: BELLEAIR BLUFFS, FL 33770

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: FLECKENSTEIN, THEODORE
Address: 50 HARBOR VIEW LANE #37
City-St-Zip: BELLEAIR BLUFFS, FL 33770

Title: VD () Change (X) Addition
Name: MCDONALD, ADAM
Address: 50 HARBOR VIEW LANE #38
City-St-Zip: BELLEAIR BLUFFS, FL 33770

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JIM EDWARDS

PD

02/25/2009

Electronic Signature of Signing Officer or Director

Date