

FILE NOW: FILING FEE IS \$61.25

FILED

May 02 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 726526 (7)

1. Corporation Name

50 HARBOR VIEW HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

% CONDOMINIUM MANAGEMENT GROUP, INC.
PO BOX 47068
ST PETERSBURG FL 33743-7068% CONDOMINIUM MANAGEMENT GROUP, INC.
PO BOX 47068
ST PETERSBURG FL 33743-70683. Date Incorporated or Qualified
05/25/19733a. Date of Last Report
03/04/1996

2. Principal Place of Business

2a. Mailing Address

21. INFINITI PROP. MGT., INC.

26. INFINITI PROP. MGT., INC.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22. 1301 SEMINOLE BLVD., #110

27. 1301 SEMINOLE BLVD., #110

City & State

City & State

23. LARGO, FL

28. LARGO, FL

Zip

Country

Zip

Country

24. 33770

25. USA

29. 33770

30. USA

4. FEI Number

59-1873005

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LISHEID, DEBRA R
1700 - 66TH ST., NO., SUITE 207
ST. PETERSBURG FL 33710

81. Name

INFINITI PROPERTY MANAGEMENT, INC.

82. Street Address (P.O. Box Number is Not Acceptable)

1301 SEMINOLE BLVD., SUITE 110

83.

84. City

LARGO

FL

85. Zip Code

33770

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Lydia L. Moscato, Agent* Lydia L. Moscato Vice President/Secretary 04/16/97

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☒ DELETE
NAME DOBBIE, ROBERT M
STREET ADDRESS 50 HARBOR VIEW LANE #23
CITY-ST-ZIP BELLEAIR BLUFFS FL 346401.1 TITLE P/D ☐ Change ☒ Addition
1.2 NAME HOAGLAND, JEANETTE
1.3 STREET ADDRESS 50 HARBOR VIEW LANE #38
1.4 CITY-ST-ZIP BELLEAIR BLUFFS, FL 33770TITLE TD ☒ DELETE
NAME UPMEYER, ERNST
STREET ADDRESS 50 HARBOR VIEW LANE #28
CITY-ST-ZIP BELLEAIR BLUFFS FL 346402.1 TITLE V/T/D ☐ Change ☒ Addition
2.2 NAME LACKEY, WILLIAM
2.3 STREET ADDRESS 50 HARBOR VIEW LANE #20
2.4 CITY-ST-ZIP BELLEAIR BLUFFS, FL 33770TITLE SD ☒ DELETE
NAME MAIELLO, FRANK
STREET ADDRESS 50 HARBOR VIEW LANE #12
CITY-ST-ZIP BELLEAIR BLUFFS FL 346403.1 TITLE S/D ☐ Change ☒ Addition
3.2 NAME DILEO, FRANK
3.3 STREET ADDRESS 50 HARBOR VIEW LANE #19
3.4 CITY-ST-ZIP BELLEAIR BLUFFS, FL 33770TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP4.1 TITLE D ☐ Change ☒ Addition
4.2 NAME PEGAU, GORDON
4.3 STREET ADDRESS 50 HARBOR VIEW LANE #12-A
4.4 CITY-ST-ZIP BELLEAIR BLUFFS, FL 33770TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *William Lackey* William Lackey

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0051604

CR2E037 (9/96)