

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **726526** (7)
1. Corporation 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
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3. Date Incorporated or Qualified 05/25/1973	
4. FEI Number 59-1873005	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	PD HOAGLAND, JEANETTE
STREET ADDRESS	50 HARBOR VIEW LANE #38
CITY-ST-ZIP	BELLEAIR BLUFFS FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	VTD LACKEY, WILLIAM
STREET ADDRESS	50 HARBOR VIEW LANE #20
CITY-ST-ZIP	BELLEAIR BLUFFS FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	SD DILEO, FRANK
STREET ADDRESS	50 HARBOR VIEW LANE #19
CITY-ST-ZIP	BELLEAIR BLUFFS FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	D PEGAU, GORDON
STREET ADDRESS	50 HARBOR VIEW LANE #12-A
CITY-ST-ZIP	BELLEAIR BLUFFS FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	T/D
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	P/D ERDMAN, GRACE
2.3 STREET ADDRESS	50 HARBOR VIEW LANE #A
2.4 CITY-ST-ZIP	BELLEAIR BLUFFS, FL 33770
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	S/D DOBBIE, JEAN
3.3 STREET ADDRESS	50 HARBOR VIEW LANE, #23
3.4 CITY-ST-ZIP	BELLEAIR BLUFFS, FL 33770
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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: *Jeannette M. Hoagland* 4-14-98 813-581-0307

CR2E037 (10/97)