

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS**DOCUMENT # 726526**

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**FILED**  
**Apr 22, 1999 8:00 am**  
**Secretary of State**

04-22-1999 90002 011 \*\*\*\*61.25

0055390



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City &amp; State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City &amp; State

28 Zip Country

29 30

3. Date Incorporated or Qualified

05/25/1973

4. FEI Number

59-1873005

Applied For  
Not Applicable5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution ☐**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 **TD** ☒ DELETE  
NAME **HOAGLAND, JEANETTE**  
STREET ADDRESS **50 HARBOR VIEW LANE #38**  
CITY-ST-ZIP **BELLEAIR BLUFFS FL**TITLE **PD** ☐ DELETE  
NAME **ERDMAN, GRACE**  
STREET ADDRESS **50 HARBOR VIEW LANE #A**  
CITY-ST-ZIP **BELLEAIR BLUFFS FL 33770**TITLE **SD** ☐ DELETE  
NAME **DOBBIE, GRACE**  
STREET ADDRESS **50 HARBOR VIEW LANE #23**  
CITY-ST-ZIP **BELLEAIR BLUFFS FL 33770**TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition  
1.2 NAME **T/D**  
1.3 STREET ADDRESS **STITT, GWEN P.**  
1.4 CITY-ST-ZIP **50 HARBOR VIEW LANE #17**  
**BELLEAIR BLUFFS, FL 33770** ☐ Change ☐ Addition2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME **DOBBIE, JEANNE S.**  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP4.1 TITLE ☐ Change ☒ Addition  
4.2 NAME **D**  
4.3 STREET ADDRESS **MCCANN, DANIEL**  
4.4 CITY-ST-ZIP **50 HARBOR VIEW LANE #35**  
**BELLEAIR BLUFFS, FL 33770** ☐ Change ☐ Addition5.1 TITLE ☐ Change ☒ Addition  
5.2 NAME **D**  
5.3 STREET ADDRESS **JAYNES, CHARLES**  
5.4 CITY-ST-ZIP **50 HARBOR VIEW LANE #25**  
**BELLEAIR BLUFFS, FL 33770** ☐ Change ☐ Addition6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

*Gwen P. Stitt*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/99 (727)585-3491

Date

Daytime Phone #

CR2E037 (11/98)