

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 726526

1. Entity Name

50 HARBOR VIEW HOMEOWNERS ASSOCIATION, INC.

FILED
Mar 29, 2000 8:00 am
Secretary of State

03-29-2000 90044 013 ****61.25

Principal Place of Business	Mailing Address
INFINITI PROP MGT. INC 1301 SEMINOLE BLVD #110 LARGO FL 33770 US	INFINITI PROP MGT. INC 1301 SEMINOLE BLVD #110 LARGO FL 33770-8124 US

2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number	Applied For
59-1873005	Not Applicable

5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	

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.

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	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TD	<input type="checkbox"/> Delete
NAME	STITT, GWEN P	
STREET ADDRESS	50 HARBOR VIEW LANE #17	
CITY-ST-ZIP	BELLEAIR BLUFFS FL 33770	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	ERDMAN, GRACE	
STREET ADDRESS	50 HARBOR VIEW LANE #A	
CITY-ST-ZIP	BELLEAIR BLUFFS FL 33770	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	DOBBIE, JEANNE S	
STREET ADDRESS	50 HARBOR VIEW LANE #23	
CITY-ST-ZIP	BELLEAIR BLUFFS FL 33770	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCCANN, DANIEL	
STREET ADDRESS	50 HARBOR VIEW LANE #35	
CITY-ST-ZIP	BELLEAIR BLUFFS FL 33770	
TITLE	D	<input type="checkbox"/> Delete
NAME	JAYNES, CHARLES	
STREET ADDRESS	50 HARBOR VIEW LANE #25	
CITY-ST-ZIP	BELLEAIR BLUFFS FL 33770	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KILGORE, CHARLES	
STREET ADDRESS	50 HARBOR VIEW LANE, #28	
CITY-ST-ZIP	BELLEAIR BLUFFS, FL 33770	
TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TINDLE, RONALD	
STREET ADDRESS	50 HARBOR VIEW LANE, #30	
CITY-ST-ZIP	BELLEAIR BLUFFS, FL 33770	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Gwen P. Stitt 3/23/00 (727) 588-1161
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)