

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 03, 2001 8:00 am**
Secretary of State

04-03-2001 90103 019 ****61.25

DOCUMENT # 726526

1. Entity 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

C0041172



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1873005

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

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 \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to**
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
	TD	STITT, GWEN P	50 HARBOR VIEW LANE #17 BELLEAIR BLUFFS FL 33770	<input checked="" type="checkbox"/>
	VD	KILGORE, CHARLES	50 HARBOR VIEW LANE #28 BELLEAIR BLUFFS FL 33770	<input checked="" type="checkbox"/>
	SD	RONALD, TINDLE	50 HARBOR VIEW LANE #30 BELLEAIR BLUFFS FL 33770	<input checked="" type="checkbox"/>
	D	MCCANN, DANIEL	50 HARBOR VIEW LANE #35 BELLEAIR BLUFFS FL 33770	<input checked="" type="checkbox"/>
	PD	JAYNES, CHARLES	50 HARBOR VIEW LANE #25 BELLEAIR BLUFFS FL 33770	<input checked="" type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
P/D	ERDMAN, GRACE	50 HARBOR VIEW LANE #A BELLEAIR BLUFFS, FL 33770		<input type="checkbox"/>	<input checked="" type="checkbox"/>
T/D	DOBBIE, JEANNE	50 HARBOR VIEW LANE #23 BELLEAIR BLUFFS, FL 33770		<input type="checkbox"/>	<input checked="" type="checkbox"/>
S/D	ROGERS, MARY	50 HARBOR VIEW LANE #B BELLEAIR BLUFFS, FL 33770		<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	DILEO, FRANK	50 HARBOR VIEW LANE #19 BELLEAIR BLUFFS, FL 33770		<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

JEANNE S. DOBBIE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

03-28-01 727-585-3491

CR2E037 (10/00)