

2002 UNIFORM BUSINESS REPORT (UBR)**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

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-1873005

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

TITLE PD ☐ Delete
NAME ERDMAN, GRACE
STREET ADDRESS 50 HARBOR VIEW LANE #A
CITY-ST-ZIP BELLEAIR BLUFFS FL 33770TITLE TD ☒ Delete
NAME DOBBIE, JEANNE
STREET ADDRESS 50 HARBOR VIEW LANE #23
CITY-ST-ZIP BELLEAIR BLUFFS FL 33770TITLE SD ☐ Delete
NAME ROGERS, MARY
STREET ADDRESS 50 HARBOR VIEW LANE #B
CITY-ST-ZIP BELLEAIR BLUFFS FL 33770TITLE D ☒ Delete
NAME DILEO, FRANK
STREET ADDRESS 50 HARBOR VIEW LANE #19
CITY-ST-ZIP BELLEAIR BLUFFS FL 33770TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE T/D ☐ Change ☒ Addition
NAME EDWARDS, JAMES
STREET ADDRESS 50 HARBOR VIEW LANE #34
CITY-ST-ZIP BELLEAIR BLUFFS FL 33770TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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:

Grace Erdman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Grace Erdman

4/3/02

(727) 588-0095

Date Daytime Phone #



DO NOT WRITE IN THIS SPACE

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CR2E037 (9/01)