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Jan 27 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 724822 (2)

1. Corporation Name

FLAMINGO LAKE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

FLAMINGO LAKE HOMEOWNERS ASSOCIATION
P.O. BOX 4592
HIALEAH FL 33014
USP.O. BOX 4592
HIALEAH FL 33014-0592
US3. Date Incorporated or Qualified
11/16/19723a. Date of Last Report
03/04/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CLARKE, DIANA R.
7405 W. 18TH AVENUE
HIALEAH FL 33014

81

Name

LACHAPELLE HELEN A.

82

Street Address (P.O. Box Number is Not Acceptable)

1775 W 72 ST

83

84

City

HIALEAH

FL

85

Zip Code

33014

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

Helen A. LaChapelle

2-15-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	ABRA	<input checked="" type="checkbox"/> DELETE
NAME	HAM, BEN	
STREET ADDRESS	7415 WEST 18TH AVENUE	
CITY-ST-ZIP	HIALEAH FL	

1.1 TITLE	D.C.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	HOLLINGSWORTH, BOBBY	
1.3 STREET ADDRESS	1644 W 74 ST	
1.4 CITY-ST-ZIP	HIALEAH FL 33014	

TITLE	SD	<input type="checkbox"/> DELETE
NAME	CRENSHAW, MARJI	
STREET ADDRESS	7300 W. 16TH AVE	
CITY-ST-ZIP	HIALEAH FL 33014	

2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		

TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	CLARKE, DIANA R.	
STREET ADDRESS	7405 W. 18TH AVE.	
CITY-ST-ZIP	HIALEAH FL 33014	

3.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	LACHAPELLE, HELEN A.	
3.3 STREET ADDRESS	1775 W 72 ST	
3.4 CITY-ST-ZIP	HIALEAH FL 33014	

TITLE	ATD	<input checked="" type="checkbox"/> DELETE
NAME	MERCEDES, MARISOL	
STREET ADDRESS	7330 W 16TH AVENUE	
CITY-ST-ZIP	HIALEAH FL 33014	

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

TITLE	DC	<input type="checkbox"/> DELETE
NAME	MOYA, JAVIER	
STREET ADDRESS	1769 W 72ND STREET	
CITY-ST-ZIP	HIALEAH FL 33014	

5.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	MOYA, JAVIER	
5.3 STREET ADDRESS	1769 W 72 ST	
5.4 CITY-ST-ZIP	HIALEAH FL 33014	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
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 do 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: Helen A. LaChapelle HELEN A. LACHAPELLE

2-15-97 305-822-6005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0023100

CR2E037 (9/96)