

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 JUL 29 PM 3:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

Flamingo Village Home Condominium Assoc., Inc.

Principal Place of Business

Flamingo Village
7146 Blanquilla Ct.
Fort Myers FL 33908

Mailing Address

Flamingo Village
C/O Gulf Coast Prop Management
9240 Bonita Bch. Rd. #2217
Bonita Springs FL 34135

2. Principal Place of Business

21 7146 BLANQUILLA CT.

Suite, Apt. #, etc.

22

City & State

23 FT. MYERS, FL

Zip

24 33908

Country

25 USA

2a. Mailing Address

26 90 GULF COAST PROP. MGMT.

Suite, Apt. #, etc.

27 9240 BONITA BCH. RD. #2217

City & State

28 BONITA SPRINGS, FL

Zip

29 34135

Country

30 USA

3. Date Incorporated or Qualified

4-19-78

3a. Date of Last Report

4. FEI Number
59-1911907

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

B1 Name

PAUL L. SAPP

B2 Street Address (P.O. Box Number is Not Acceptable)

9240 BONITA BEACH RD.

B3 SUITE 2217

B4 City

BONITA SPRINGS

FL

B5 Zip Code

34135

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Paul L. Sapp

PAUL L. SAPP

(NOTE: Registered Agent signature required when translating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P/D

NAME DONAHUE, JOHN

STREET ADDRESS 7179 BUCKNELL DR.

CITY-ST-ZIP FT. MYERS, FL 33908

TITLE VP/D

NAME WALTERS, DONALD

STREET ADDRESS 7152 BLANQUILLA CT., #5

CITY-ST-ZIP FT. MYERS, FL 33908

TITLE T/D

NAME NERENBERG, LEE H.

STREET ADDRESS 11670 POINTE CIR.

CITY-ST-ZIP FT. MYERS, FL 33908

TITLE S/D

NAME KENNELLY, MARY A.

STREET ADDRESS 3789 HI BANK RD.

CITY-ST-ZIP CONOVER, WI 54519

TITLE D

NAME ZIMMERMAN, CATHERINE

STREET ADDRESS 7152 BLANQUILLA CT., #7

CITY-ST-ZIP FT. MYERS, FL 33908

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE P/D

12 NAME DONAHUE, JOHN

13 STREET ADDRESS 7179 BUCKNELL DR.

14 CITY-ST-ZIP FT. MYERS, FL 33908

21 TITLE VP/D

22 NAME WALTERS, DONALD

23 STREET ADDRESS 7152 BLANQUILLA CT., #5

24 CITY-ST-ZIP FT. MYERS, FL 33908

31 TITLE T/D

32 NAME NERENBERG, LEE H.

33 STREET ADDRESS 11670 POINTE CIR.

34 CITY-ST-ZIP FT. MYERS, FL 33908

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42 NAME KENNELLY, MARY A.

43 STREET ADDRESS 3789 HI BANK RD.

44 CITY-ST-ZIP CONOVER, WI 54519

51 TITLE D

52 NAME ZIMMERMAN, CATHERINE

53 STREET ADDRESS 7152 BLANQUILLA CT., #7

54 CITY-ST-ZIP FT. MYERS, FL 33908

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

600002207196

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***\$1.25

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13, as changed, or in an attachment with an address.

SIGNATURE:

5/23/97

CR2E034 (9/96)