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Mar 09 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **742517** (6)

1. Corporation Name

**FLAMINGO VILLAGE HOMES CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business	Mailing Address
<b>7146 BLANQUILLA CT FT. MYERS FL 33908 US</b>	<b>% GULF COAST PROP MGMT 9240 BONITA BEACH RD. #2217 BONITA SPRINGS FL 34135</b>

2. Principal Place of Business	2a. Mailing Address
<b>21</b> Suite, Apt. #, etc.	<b>26</b> <i>9955 N. Tamiami Trail #2</i>
<b>22</b> City & State	<b>27</b> Suite, Apt. #, etc.
<b>23</b> City & State	<b>28</b> <i>Naples FL</i>
<b>24</b> Zip	<b>29</b> <i>34108</i>
<b>25</b> Country	<b>30</b> <i>USA</i>

3. Date Incorporated or Qualified	<b>04/19/1978</b>
4. FEI Number	<b>59-1911907</b>
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent	
<b>SAPP, PAUL L 9240 BONITA BEACH RD STE 2217 BONITA SPRINGS FL 34135</b>	

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	<b>9955 N. Tamiami Trail #2</b>
83	
84 City	<b>Naples FL</b>
85 Zip Code	<b>34108</b>

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 *Paul L Sapp* **PAUL L SAPP** **2-2-98** DATE

12. OFFICERS AND DIRECTORS	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE
NAME	<b>DONAHUE, JOHN</b>
STREET ADDRESS	<b>7179 BUCKNELL DR</b>
CITY-ST-ZIP	<b>FT. MYERS FL 33908</b>
TITLE	<b>VD</b> <input type="checkbox"/> DELETE
NAME	<b>WALTERS, DONALD</b>
STREET ADDRESS	<b>7152 BLANQUILLA CT., #5</b>
CITY-ST-ZIP	<b>FT. MYERS FL 33908</b>
TITLE	<b>TD</b> <input type="checkbox"/> DELETE
NAME	<b>NERENBERG, LEE H</b>
STREET ADDRESS	<b>11670 POINTE CIR</b>
CITY-ST-ZIP	<b>FT. MYERS FL 33908</b>
TITLE	<b>SD</b> <input type="checkbox"/> DELETE
NAME	<b>KENNELLY, MARY A</b>
STREET ADDRESS	<b>3769 HI BANK RD</b>
CITY-ST-ZIP	<b>CONOVER WI 54519</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>ZIMMERMAN, CATHERINE</b>
STREET ADDRESS	<b>7152 BLANQUILLA CT., #7</b>
CITY-ST-ZIP	<b>FT. MYERS FL 33908</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>DONAHUE, CANDY</b>
1.3 STREET ADDRESS	<b>9955 N. Tamiami Trail #2</b>
1.4 CITY-ST-ZIP	<b>Naples FL 34108</b>
2.1 TITLE	<b>VD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>WALTERS, DONALD</b>
2.3 STREET ADDRESS	<b>7152 BLANQUILLA CT., #5</b>
2.4 CITY-ST-ZIP	<b>FT. MYERS FL 33908</b>
3.1 TITLE	<b>TD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>NERENBERG, LEE H</b>
3.3 STREET ADDRESS	<b>11670 POINTE CIR</b>
3.4 CITY-ST-ZIP	<b>FT. MYERS FL 33908</b>
4.1 TITLE	<b>SD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>KENNELLY, MARY A</b>
4.3 STREET ADDRESS	<b>3769 HI BANK RD</b>
4.4 CITY-ST-ZIP	<b>CONOVER WI 54519</b>
5.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>ZIMMERMAN, CATHERINE</b>
5.3 STREET ADDRESS	<b>7152 BLANQUILLA CT., #7</b>
5.4 CITY-ST-ZIP	<b>FT. MYERS FL 33908</b>
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 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: *Mary A Kennelly* **MARY A KENNELLY** **2/17/98**

CR2E037 (10/97)