

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 13, 2003 8:00 am**  
**Secretary of State**

03-13-2003 90068 034 \*\*\*\*61.25

**DOCUMENT # 742517**

1. Entity Name

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



Principal Place of Business

**GULF COAST MANAGEMENT SVCS. INC.**  
**10060 AMBERWOOD RD STE 4**  
**FORT MYERS FL 33913**  
**US**

Mailing Address

**GULF COAST MANAGEMENT SVCS. INC.**  
**10060 AMBERWOOD RD STE 4**  
**FORT MYERS FL 33913**  
**US**

2. Principal Place of Business

**Gulf Coast Management Services**  
**11691 Gateway Blvd. #102**  
**Fort Myers, FL 33913**

3. Mailing Address

**Gulf Coast Management Services**  
**11691 Gateway Blvd. #102**  
**Fort Myers, FL 33913**



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-1911907**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**HAYDEN, KENNETH**  
**GULF COAST MANAGEMENT SVCS. INC.**  
**10060 AMBERWOOD RD STE 4**  
**FORT MYERS FL 33913**

Name

S

**Ren Hayden**  
**Gulf Coast Management Services**  
**11691 Gateway Blvd. #102**  
**Fort Myers, FL 33913**

**FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered agent and accepting the obligations of registered agent.

I am familiar with, and accept

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 \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>SCHRAGE, KATHLEEN</b> <b>11660 POINTE CIRCLE</b> <b>FORT MYERS FL 33908</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>RANALLI, RICHARD</b> <b>7101 BLANQUILLA CT</b> <b>FORT MYERS FL 33908</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>PARKS, ROBY</b> <b>11605 QUAIL RUN DR</b> <b>FORT MYERS FL 33908</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>SMITH, RICHARD</b> <b>7217 ST ANNS CT</b> <b>FORT MYERS FL 33908</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PABERS, OTTO</b> <b>7152 BLANQUILLA CT # 6</b> <b>FORT MYERS FL 33908</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE REQUIRED

*Richard A. Smith* 2-3-03

CR2E037 (10/02)