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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **N12562** (7)
1. Corporation Name
FLAMINGO VILLAS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address
**387 FLAMINGO RD., N.E.
LAKE PLACID FL 33852** **387 FLAMINGO RD., N.E.
LAKE PLACID FL 33852**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified 12/16/1985	3a. Date of Last Report 10/05/1994
4. FEI Number 59-2935713	Applied For Not Applicable
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. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent
**PREVITI, JOHN
387 FLAMINGO RD., N.E.
LAKE PLACID FL 33852**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 John Previti, Secy-Treasurer DATE 2/2/95
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS	
TITLE	P
NAME	BARRIGER, CLOYD
STREET ADDRESS	395 FLAMINGO RD NE
CITY-ST-ZIP	LAKE PLACID FL
TITLE	VD
NAME	SLIWICKI, NICK.
STREET ADDRESS	393 FLAMINGO RD NE
CITY-ST-ZIP	LAKE PLACID FL
TITLE	STD
NAME	PREVITI, JOHN.
STREET ADDRESS	387 FLAMINGO RD NE
CITY-ST-ZIP	LAKE PLACID FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	BARRIGER, CLOYD
1.3 STREET ADDRESS	395 FLAMINGO RD NE
1.4 CITY-ST-ZIP	LAKE PLACID, FL
2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SLIWICKI, DONALD N.
2.3 STREET ADDRESS	393 FLAMINGO RD N.E.
2.4 CITY-ST-ZIP	LAKE PLACID, FL 33852
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: John Previti DATE 2/2/95 TELEPHONE NUMBER 813-465-4354
Signature and typed or printed name of signing officer or director