

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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**

3. Date Incorporated or Qualified 12/16/1985	3a. Date of Last Report 02/09/1995
4. FEI Number 59-2935713	Applied For <input type="checkbox"/> 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
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 21 Suite, Apt. #, etc 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc 27 City & State 28 Zip 29 Country
	122 BOUGAINVILLEA ST. NE LAKE PLACID, FL. 33852 USA

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
DONALD N. SLOWICKI
82 Street Address (P.O. Box Number is Not Acceptable)
122 BOUGAINVILLEA ST. NE
83
84 City
LAKE PLACID FL 85 Zip Code
33852

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: Donald N. Slowicki **DONALD N. SLOWICKI, V.P. & DIRECTOR** 2-2-96
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARRINGER, CLOYD	1.2 NAME	
STREET ADDRESS	395 FLAMINGO RD NE	1.3 STREET ADDRESS	
CITY - ST - ZIP	LAKE PLACID FL	1.4 CITY - ST - ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SLIWICKI, DONALD N	2.2 NAME	
STREET ADDRESS	393 FLAMINGO RD NE	2.3 STREET ADDRESS	
CITY - ST - ZIP	LAKE PLACID FL	2.4 CITY - ST - ZIP	
TITLE	STD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PREVITI, JOHN.	3.2 NAME	
STREET ADDRESS	387 FLAMINGO RD NE	3.3 STREET ADDRESS	
CITY - ST - ZIP	LAKE PLACID FL	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 119.07(3)(k), 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: Donald N. Slowicki **DONALD N. SLOWICKI** 2-2-96 941-465-3861
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)