

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90025 036 ****61.25

DOCUMENT # N12562

1. Entity Name

FLAMINGO VILLAS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

387 FLAMINGO RD., N.E.
 LAKE PLACID FL 33852

Mailing Address

~~122 BOUGAINVILLEA STREET NE~~
395 FLAMINGO RD. N.E.
 LAKE PLACID FL 33852 ~~33852~~ **8062**
 US

C0030315



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2935713

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SLIWICKI, DONALD N
 122 BOUGAINVILLEA STREET NE
 LAKE PLACID FL 33852

Name

BARRINGER, CLOYD P.

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

395 FLAMINGO RD. N.E.

City

LAKE PLACID, FL.

FL

Zip Code

33852

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Donald N. Sliwicki

DONALD N. SLIWICKI 2-27-2000

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
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	BARRINGER, CLOYD	
STREET ADDRESS	395 FLAMINGO RD NE	
CITY-ST-ZIP	LAKE PLACID FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	SLIWICKI, DONALD N	
STREET ADDRESS	393 FLAMINGO RD NE	
CITY-ST-ZIP	LAKE PLACID FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	PREVITI, JOHN.	
STREET ADDRESS	387 FLAMINGO RD NE	
CITY-ST-ZIP	LAKE PLACID FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GUS KELSCH	
STREET ADDRESS	101 GRISCOM RD. N.W.	
CITY-ST-ZIP	LAKE PLACID FL 33852	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

John Previti **JOHN PREVITI**

2/26/2000

941-465-4354

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)