

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 28, 2002 8:00 am**  
**Secretary of State**

02-21-2002 90175 032 \*\*\*\*61.25

**DOCUMENT # N12562**

1. Entity Name

**FLAMINGO VILLAS HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

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

**395 FLAMINGO RD. NE  
 LAKE PLACID FL 33852  
 US**

18495



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2935713**

Applied For

Not Applicable

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

Name

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

City

**FL**

Zip Code

**BARRIGER, CLOYD P  
 395 FLAMINGO RD NEB  
 LAKE PLACID FL 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

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	BARRINGER, CLOYD	395 FLAMINGO RD NE	LAKE PLACID FL	<input type="checkbox"/>
VD	BLICKHAN, PAUL	395 FLAMINGO RD NE	AVON PARK FL 33825	<input type="checkbox"/>
STD	PREVITI, JOHN	387 FLAMINGO RD NE	LAKE PLACID FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	VD BLICKHAN, PAUL	395 FLAMINGO RD. N.E.	LAKE PLACID, FL 33852	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Cloyd Barriger, Pres.*  
**Cloyd Barriger**  
**395 Flamingo Rd. NE**  
**Lake Placid, FL 33852**

**3-11-02**  
 Daytime Phone #

CR2E037 (9/01)