


2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Mar 05, 2005 08:00 AM
Secretary of State

DOCUMENT # N12563
1. Entity Name
FLAMINGO VILLAS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
391 FLAMINGO RD., N.E.
LAKE PLACID, FL 33852 391 FLAMINGO RD., N.E.
LAKE PLACID, FL 33852 US



03022005 No Chg-NP CR2E037 (10/03)

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4. FEI Number Applied For
59-2935713 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
BARRIGER, CLOYD P
395 FLAMINGO RD NE9Y
LAKE PLACID, FL 33852

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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. I am familiar with, and accept the obligations of registered agent.
Cloyd P. Barriger Pres.
SIGNATURE: *Cloyd P. Barriger* DATE: *3-3-05*

Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BARRIGER, CLOYD
STREET ADDRESS	395 FLAMINGO RD NE
CITY-ST-ZIP	LAKE PLACID, FL
TITLE	STD
NAME	ROCKEY, CLARENCE J
STREET ADDRESS	391 FLAMINGO RD., N.E.
CITY-ST-ZIP	LAKE PLACID, FL 33852
TITLE	VD
NAME	DEDECKER, HENRY
STREET ADDRESS	387 FLAMINGO RD. N.E.
CITY-ST-ZIP	LAKE PLACID, FL 33852
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/05/05-80036-017 70.00

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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: *Cloyd P. Barriger* DATE: *3/3/05* DAYTIME PHONE #: *863-699-9818*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR