


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90118 047 ****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**

60020103



CHECK HERE IF MAKING CHANGES

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
**BARRIGER, CLOYD P
395 FLAMINGO RD NE9
LAKE PLACID FL 33852**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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.

SIGNATURE _____ (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 Florida Department of State

10. OFFICERS AND DIRECTORS

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	BLICKHAN, PAUL	
STREET ADDRESS	395 FLAMINGO RD NE	
CITY-ST-ZIP	LAKE PLACID FL 33852	
TITLE	STD	<input checked="" type="checkbox"/> Delete
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VTD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROSKY, CLARENCE J	
STREET ADDRESS	391 FLAMINGO ROAD N.E	
CITY-ST-ZIP	LAKE PLACID, FL. 33852	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DEBBIE LEBLANC	
STREET ADDRESS	393 FLAMINGO ROAD N.E.	
CITY-ST-ZIP	LAKE PLACID, FL. 33852	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

Change mailing address

TO:

391 FLAMINGO RD. N.E.

LAKE PLACID FL. 33852

60020103

12. I hereby certify that the information supplied with this report or supplemental report is true and correct to the best of my knowledge and belief, and that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report, and that the information has not been changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Clayton P. Barringer*

3/18/03

CR2E037 (10/02)