FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 18 PM 3:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N44995** **(1)**

1. Corporation Name

FLAMINGO LAKES PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3100 CLAY STREET SUITE 275 ORLANDO FL 32804	3100 CLAY STREET SUITE 275 ORLANDO FL 32804

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/05/1991
3a. Date of Last Report: 04/29/1994
4. FEI Number: 59-3124282 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 2601 S. Bayshore Drive	26 Attn: Legal Department
22 Suite, Apt. #, etc.	27 2601 S. Bayshore Drive
23 City & State: Miami, FL	28 City & State: Miami, FL
24 Zip: 33133 25 Country: USA	29 Zip: 33133 30 Country: USA

9. Name and Address of Current Registered Agent

F&L CORP.
C/O GREENLEAF BLDG., 3RD FLOOR
200 LAURA STREET
JACKSONVILLE FL 32201-0240

10. Name and Address of New Registered Agent

31 Name: Marcia H. Langley
32 Street Address (P.O. Box Number is Not Acceptable): Attn: Legal Department
33 2601 S. Bayshore Drive
34 City: Miami, 35 FL Zip Code: 33133

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ Marcia H. Langley 3/24/95
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	11 TITLE	D ☒ Change ☐ Addition
NAME	KRAMER, STUART	12 NAME	Stuart Kramer
STREET ADDRESS	3100 CLAY AVENUE, #275	13 STREET ADDRESS	2601 S. Bayshore Drive
CITY-ST-ZIP	ORLANDO FL	14 CITY-ST-ZIP	Miami, FL 33133
TITLE	VD	21 TITLE	DP ☐ Change ☒ Addition
NAME	ORLANDO, GAL	22 NAME	Charles Thompson
STREET ADDRESS	3100 CLAY AVENUE, #275	23 STREET ADDRESS	2601 S. Bayshore Drive
CITY-ST-ZIP	ORLANDO FL	24 CITY-ST-ZIP	Miami, FL 33133
TITLE	STD	31 TITLE	VS ☐ Change ☒ Addition
NAME	JENSEN-UREY, MARTHA	32 NAME	Marcia H. Langley
STREET ADDRESS	3100 CLAY AVENUE, #275	33 STREET ADDRESS	2601 S. Bayshore Drive
CITY-ST-ZIP	ORLANDO FL	34 CITY-ST-ZIP	Miami, FL 33133
TITLE		41 TITLE	DVT ☐ Change ☒ Addition
NAME		42 NAME	Matthew J. Allen
STREET ADDRESS		43 STREET ADDRESS	2601 S. Bayshore Drive
CITY-ST-ZIP		44 CITY-ST-ZIP	Miami, FL 33133
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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***2340.00 ***180.00

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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: _____ 3/24/95 (305) 859-4000
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #
Marcia H. Langley

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