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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # 741985

(6)

FLAGLER PROMENADE PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business Mailing Address 17TH FL. NORTHBRIDGE CENTRE 17TH FL. NORTHBRIDGE CENTRE 515 N. FLAGLER DRIVE 515 N. FLAGLER DRIVE WEST PALM BEACH FL 33401 WEST PALM BEACH FL 33401 3. Date Incorporated or Qualified 3a. Date of Last Report 01/27/1995 03/13/1978 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 59-2071915 Not Applicable 26 21 \$8.75 Additional Suite, Apt #, etc Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State 6. Election Campaign Financing \$5.00 May Be City & State Trust Fund Contribution Added to Fees 28 23 8. This corporation has liability for intangible tax under s. 199.032, Country Ζœ Florida Statutes Yes No 30 29 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name Street Address (P.O. Box Number is Not Acceptable) CIKLIN, ALAN J. 82 515 N. FLAGLER DR., 17TH FLOOR 83 W. PALM BEACH FL 33401 Zip Code 84 City 85 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes. SIGNATURE Sphature, byted or prince name of registered agent and tife Lapplication (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12 Change Addition DELETE 1.1 TITLE TITLE 1.2 NAME NAME FOUNTAIN, DONALD R. JR. 1.3 STREET ADDRESS 107 FLAGLER PROMENADE SOUTH STREET ADDRESS WEST PALM BEACH FL 33405 14 CHY-ST-ZIP CITY - ST - ZIP ☐ Change Addition DELETE 21 TITLE TITLE **VD** 2.2 NAME BARRY, JAMES NAME 115 FLAGLER PROMENADE N 2.3 STREET ADDRESS STREET ADDRESS WEST PALM BEACH FL 2 4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change DELETE 31 TITLE TITLE 3.2 NAME NAME CIKLIN, ALAN J. 129 FLAGLER PROMENADE S. 3 3 STREET ADDRESS STREET ADDRESS WEST PALM BEACH FL 3.4. C(TY+ST-Z)P CITY-ST-ZIP Change Change ☐ Addition DELETE 4.1 TITLE THILE 4.2 NAME NAME HEDRICK, DALE 1100 TECHNOLOGY PLACE, SUITE 122 4.3 STREET ADDRESS STREET ADDRESS

14. Ido hereby certify that the information supplied with this filling 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 partials annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the porporation of the receive of trustee empowered to execute this report as required by Chapter 617, Florida Statutes and that my name appears in Block 12 or Block 13 it approach of the porporation of the receive of trustee empowered to execute this report as required by Chapter 617, Florida Statutes and that my name appears in Block 12 or Block 13 it approach of the porporation of th

4.4 CITY - ST - ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CiTY - ST - 7/P

5.4 CHTY - ST-ZIP

51 TITLE

5.2 NAME

61 TITLE

62 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TIFLE

NAME

TITLE

NAME

WEST PALM BEACH FL 33407

TURNAND TYPED OF PRINTED TAME OF SIGNING OFFICER OR DIRECTOR

DELETE

FIDELETE

ate Daytime Phone

Change

Addition

Addition

CR2E037 (12/95)