

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90041 039 ****61.25

DOCUMENT # 741985

1. Entity Name

FLAGLER PROMENADE PROPERTY OWNERS' ASSOCIATION,

Principal Place of Business

Mailing Address

17TH FL. NORTHBRIDGE CENTRE
 515 N. FLAGLER DRIVE
 WEST PALM BEACH FL 33401

17TH FL. NORTHBRIDGE CENTRE
 515 N. FLAGLER DRIVE
 WEST PALM BEACH FL 33401-4321

2. Principal Place of Business

3. Mailing Address

115 FLAGLER PROMENADE SOUTH

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

WEST PALM BEACH, FL

115 FLAGLER PROMENADE SOUTH

City & State

City & State

WEST PALM BEACH, FL

WEST PALM BEACH, FL

4. FEI Number

59-2071915

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

CIKLIN, ALAN J.
515 N. FLAGLER DR., 17TH FLOOR
W. PALM BEACH FL 33401

Name **DALE R. HEDRICK**

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

115 FLAGLER PROMENADE SOUTH

City

WEST PALM BEACH

FL

Zip Code

33405

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

[Handwritten Signature]

4-11-00

**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	PD	<input type="checkbox"/> Delete
NAME	FOUNTAIN, DONALD R. JR.	
STREET ADDRESS	107 FLAGLER PROMENADE SOUTH	
CITY-ST-ZIP	WEST PALM BEACH FL 33405	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BARRY, JAMES	
STREET ADDRESS	115 FLAGLER PROMENADE N	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	CIKLIN, ALAN J.	
STREET ADDRESS	129 FLAGLER PROMENADE S.	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HEDRICK, DALE	
STREET ADDRESS	1100 TECHNOLOGY PLACE, SUITE 122	
CITY-ST-ZIP	WEST PALM BEACH FL 33407	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 OF DALE R. HEDRICK
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/15/2000 561-8446608

CR2E037 (9/99)