


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

FILED
May 27, 2003 8:00 am
Secretary of State

5/ 05-01-2003 90826 044 ****61.25

DOCUMENT # 741985

1. Entity Name
FLAGLER PROMENADE PROPERTY OWNERS' ASSOCIATION, INC.



55044088

Principal Place of Business
**2700 NE 9 COURT
WEST PALM BEACH FL 33405**

Mailing Address
**115 FLAGLER PROMENADE SOUTH
WEST PALM BEACH FL 33405**



2. Principal Place of Business
**2200 CENTREPARK W. DR
#100**

3. Mailing Address
**2200 CENTREPARK W. DR.
#100**

CHECK HERE IF MAKING CHANGES

City & State
WEST PALM BEACH FL

City & State
WPB FL

Zip
33409

Country
USA

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
**CIKLIN, ALAN J.
2700 NE 9 COURT
WEST PALM BEACH FL 33405**

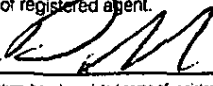
7. Name and Address of Now Registered Agent

Name **DALE R. HEDRICK**

Street Address (P.O. Box Number is Not Acceptable)
**2200 CENTREPARK WEST DRIVE
#100**

City **WPB** FL Zip Code **33409**

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  **DALE R. HEDRICK TREASURER** 4/28/03

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE SCOTT JOHNSON	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME 110 FLAGLER PROMENADE NORTH	
STREET ADDRESS WPB FL 33405	<input type="checkbox"/> Addition
CITY-ST-ZIP	
TITLE DALE R. HEDRICK	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME 2200 CENTREPARK WEST DR. #100	
STREET ADDRESS WPB FL 33405 33409	
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
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 REQUIRED** 4/28/03 561)689-8880

Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (10/02)