

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$300)

NONPROFIT
CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # 748280

(5)

95 JUN 14 AM 9:29

1. Corporation Name

FLAGSHIP CONDOMINIUM, INC.

Principal Place of Business

Mailing Address

17040 GULF BLVD.
N. REDINGTON BEACH FL 33708-8465

17040 GULF BLVD.
N. REDINGTON BEACH FL 33708-8465

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/31/1979

3a. Date of Last Report

04/29/1994

4. FEI Number

59-2056138

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

☐

FILING FEE IS
\$61.25

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JACKSON, SHELA & KETH
17040 GULF BLVD.
N. REDINGTON BEACH FL 33708

81 Name

DOUG STYLES

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

17040 GULF BLVD.

83

84 City

N. REDINGTON BEACH

FL

85 Zip Code

33708

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

Doug Styles

(NOTE: Registered Agent signature required when reappointing)

6/4/95
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	HEFLER, RONALD
STREET ADDRESS	BOX 90 SITE 8, RR #1
CITY - ST - ZIP	WINDSOR JCT. NS
TITLE	TD
NAME	PYNE, JOHN
STREET ADDRESS	496 LAURELWOOD SE
CITY - ST - ZIP	WARREN OH
TITLE	BD
NAME	HILLOCK, KAREN
STREET ADDRESS	481-90 BAYSHORE DRIVE
CITY - ST - ZIP	MADERIA BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11 TITLE	BD	☐ Change ☒ Addition
12 NAME	JOHN McPHILLIPS	
13 STREET ADDRESS	3619 BIG FOX RD	
14 CITY - ST - ZIP	GEM LAKE MN 55110	
21 TITLE	BD	☒ Change ☒ Addition
22 NAME	ISABEL BACHMAN	
23 STREET ADDRESS	7321 SEQUOIA DR	
24 CITY - ST - ZIP	NEW PORT RICHEY FL	
31 TITLE	BD	☐ Change ☒ Addition
32 NAME	GARY DION	
33 STREET ADDRESS	10133 GULF BLVD.	
34 CITY - ST - ZIP	TRASBURG ISLAND FL 33706	
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP		

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 110.07(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:

[Signature]
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/8/95
DATE

Daytime Phone #