

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 748280 (5)

1. Corporation Name  
**FLAGSHIP CONDOMINIUM, INC.**



Principal Place of Business: 17040 GULF BLVD. N. REDINGTON BEACH FL 33708-8465  
Mailing Address: 17040 GULF BLVD. N. REDINGTON BEACH FL 33708-8465

3. Date Incorporated or Qualified: 07/31/1979  
3a. Date of Last Report: 06/14/1995

2. Principal Place of Business (21-24) and 2a. Mailing Address (26-29) fields.  
4. FEI Number: 59-2056138  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent: STYLES, DOUG, 17040 GULF BLVD, N REDINGTON BEACH FL 33708  
10. Name and Address of New Registered Agent (81-85) fields.

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* DATE: 2/10/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: SD	NAME: MCPHILLIPS, JOHN	1.1 TITLE:	PRESIDENT
STREET ADDRESS: 3619 BIG FOX ROAD	CITY-ST-ZIP: GEM LAKE MN	1.2 NAME:	JOHN PYNE
		1.3 STREET ADDRESS:	496 NAVELWOOD SE
		1.4 CITY-ST-ZIP:	WARREN OH 44484
TITLE: TD	NAME: BACHMAN, ISABEL	2.1 TITLE:	BD
STREET ADDRESS: 7321 SEZUOIADRIVE	CITY-ST-ZIP: NEW PORT RICHEY FL	2.2 NAME:	ANTHONY TORRES
		2.3 STREET ADDRESS:	4711 CYPRESS TREE DRIVE
		2.4 CITY-ST-ZIP:	TAMPA FL 33624
TITLE: <del>BD</del>	NAME: <del>DION, GARY</del>	3.1 TITLE:	
STREET ADDRESS: 10133 GULF BLVD	CITY-ST-ZIP: TREASURE ISLAND FL	3.2 NAME:	
		3.3 STREET ADDRESS:	
		3.4 CITY-ST-ZIP:	
TITLE:	NAME:	4.1 TITLE:	
STREET ADDRESS:	CITY-ST-ZIP:	4.2 NAME:	
		4.3 STREET ADDRESS:	
		4.4 CITY-ST-ZIP:	
TITLE:	NAME:	5.1 TITLE:	
STREET ADDRESS:	CITY-ST-ZIP:	5.2 NAME:	
		5.3 STREET ADDRESS:	
		5.4 CITY-ST-ZIP:	
TITLE:	NAME:	6.1 TITLE:	
STREET ADDRESS:	CITY-ST-ZIP:	6.2 NAME:	
		6.3 STREET ADDRESS:	
		6.4 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 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: *Doug Styles* DATE: 2/10/96 (813) 391-0948

CR2E037 (12/95)