

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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

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

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STYLES, DOUG
17040 GULF BLVD
N REDINGTON BEACH FL 33708

81 Name

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

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE SD
NAME MCPHILLIPS, JOHN
STREET ADDRESS 3619 BIG FOX ROAD
CITY- ST- ZIP GEM LAKE MN

☐ DELETE

1.1 TITLE PRESIDENT
1.2 NAME JOHN PYNE
1.3 STREET ADDRESS 496 NAVELWOOD SE
1.4 CITY- ST- ZIP WARREN OH 44484

☐ Change

☒ Addition

TITLE TD
NAME BACHMAN, ISABEL
STREET ADDRESS 7321 SEZUOIA DRIVE
CITY- ST- ZIP NEW PORT RICHEY FL

☐ DELETE

2.1 TITLE ED
2.2 NAME ANTHONY TORRES
2.3 STREET ADDRESS 4711 CYPRESS TREE DRIVE
2.4 CITY- ST- ZIP TAMPA FL 33624

☐ Change

☒ Addition

TITLE BD
NAME DION, GARY
STREET ADDRESS 10133 GULF BLVD
CITY- ST- ZIP TREASURE ISLAND FL

☒ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP

☐ Change

☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/96 (813) 391-0948

CR2E037 (12/95)