


FILE NOW: FILING FEE IS \$61.25

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Jul 01 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 33708-8485	Mailing Address 17040 GULF BLVD. N. REDINGTON BEACH FL 33708-1441
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 07/31/1979	3a. Date of Last Report 02/13/1996	4. FEI Number 59-2056138	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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	<input type="checkbox"/> DELETE	1.1 TITLE BD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME MCPHILLIPS, JOHN		1.2 NAME RICHARD FRANK	
STREET ADDRESS 3819 BIG FOX ROAD		1.3 STREET ADDRESS 548 ELDON ROAD	
CITY-ST-ZIP GEM LAKE MN		1.4 CITY-ST-ZIP WARREN OH 44484	
TITLE TD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BACHMAN, ISABEL		2.2 NAME	
STREET ADDRESS 7321 SEZUOIA DRIVE		2.3 STREET ADDRESS	
CITY-ST-ZIP NEW PORT RICHEY FL		2.4 CITY-ST-ZIP	
TITLE P	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PYNE, JOHN		3.2 NAME	
STREET ADDRESS 496 LAURELWOOD SE		3.3 STREET ADDRESS	
CITY-ST-ZIP WARREN OH		3.4 CITY-ST-ZIP	
TITLE BD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME TORRES, ANTHONY		4.2 NAME	
STREET ADDRESS 4711 CYPRESS TREE DRIVE		4.3 STREET ADDRESS	
CITY-ST-ZIP TANDA FL		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 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: _____
1/20/97 (88) 391-0948

CR2E037 (9/96)