

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 29 AM 7:16**

DOCUMENT # 762945 (4)
1. Corporation Name
FLAMINGO BAY CLUB CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business
380 8TH AVENUE NO
APT. 4
TIERRA VERDE FL 33715
US

Mailing Address
C/O QUALITY MGMT SER
PO BOX 66245
ST. PETE BEACH FL 33736
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **04/21/1982** 3a. Date of Last Report **05/01/1994**

4. FEI Number **59-2365910** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$6.75** 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 ☐ **\$68.75** Supplemental Fee Not Required

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

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country

2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country

9. Name and Address of Current Registered Agent
**PARHAM, L. JAMES
380 8TH AVE. N. #5
TIERRA VERDE FL 33715-8854**

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, 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	DST	11 TITLE	☐ Change ☐ Addition
NAME	SOCCORSO, JOSEPH S.	12 NAME	
STREET ADDRESS	380 8TH AVENUE NORTH, UNIT #4	13 STREET ADDRESS	
CITY - ST - ZIP	TIERRA VERDE FL	14 CITY - ST - ZIP	
TITLE	DV	21 TITLE	☐ Change ☐ Addition
NAME	KAUFMAN, DOUGLAS	22 NAME	
STREET ADDRESS	380 8TH AVENUE NORTH, UNIT #2	23 STREET ADDRESS	
CITY - ST - ZIP	TIERRA VERDE FL	24 CITY - ST - ZIP	
TITLE	DP	31 TITLE	☐ Change ☐ Addition
NAME	DANIEL, SHERRYL	32 NAME	
STREET ADDRESS	380 8TH AVENUE NORTH, UNIT #9	33 STREET ADDRESS	
CITY - ST - ZIP	TIERRA VERDE FL	34 CITY - ST - ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		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)(b), 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: *Sherryl P. Daniel* **3-10-95** **3675270**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Filer's Number)

SHERRYL P. DANIEL