

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **762945** (4)

1. Corporation Name

FLAMINGO BAY CLUB CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

**380 8TH AVENUE NO
APT. 4
TIERRA VERDE FL 33715
US**

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

3. Date Incorporated or Qualified
04/21/1982

3a. Date of Last Report
03/29/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PARHAM, L. JAMES
380 8TH AVE. N. #5
TIERRA VERDE FL 33715-8854**

81 Name

SCHNOOR, FRANK

82

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

7217 Gulf Blvd., Ste 6

83

P. O. BOX 66245

84

City

ST PETE BEACH

FL

85

Zip Code

33706

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

Frank Schnoor

April 4, 1996

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DST** ☐ DELETE
NAME **SOCCORSO, JOSEPH S.**
STREET ADDRESS **380 8TH AVENUE NORTH, UNIT #4**
CITY-ST-ZIP **TIERRA VERDE FL**

TITLE **DV** ☒ DELETE
NAME **KAUFMAN, DOUGLAS**
STREET ADDRESS **380 8TH AVENUE NORTH, UNIT #2**
CITY-ST-ZIP **TIERRA VERDE FL**

TITLE **DP** ☐ DELETE
NAME **DANIEL, SHERRYL**
STREET ADDRESS **380 8TH AVENUE NORTH, UNIT #9**
CITY-ST-ZIP **TIERRA VERDE FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **DT** ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE **DS** ☐ Change ☒ Addition
2.2 NAME **DeLARGY, Peg**
2.3 STREET ADDRESS **380 8th Ave No. Unit #6**
2.4 CITY-ST-ZIP **Tierra Verde, FL 33715**

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

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

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

6.1 TITLE ☐ Change ☐ Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 4, 1996

Date

Daytime Phone #

367-5270

CR2E037 (12/95)