

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 762945

1. Entity Name

FLAMINGO BAY CLUB CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

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

Mailing Address

C/O QUALITY MGMT SER  
PO BOX 66245  
ST. PETE BEACH FL 33736-6245  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2365910

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHNOOR, FRANK  
7217 GULF BLVD SUITE 6  
P.O. BOX 66245  
ST. PETERSBURG FL 33706

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DT ☒ Delete  
NAME DELARGY, PEG  
STREET ADDRESS 380 8TH AVENUE NORTH UNIT 6  
CITY-ST-ZIP TIERRA VERDE FL

TITLE DT ☒ Change ☐ Addition  
NAME YELVERTON, WAYNE  
STREET ADDRESS 380 8th Ave. No. Unit #3  
CITY-ST-ZIP TIERRA VERDE, FL 33715

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-28-00

Date

367-5270

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)