

**2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
Sep 21, 2006  
Secretary of State**

DOCUMENT# M92826

Entity Name: FLAMINGO LAKE RV RESORT, INC.

**Current Principal Place of Business:**

3640 NEWCOMB RD  
JACKSONVILLE, FL 32218

**New Principal Place of Business:**

**New Mailing Address:**

ONE INDEPENDENT DRIVE  
SUITE 2600  
JACKSONVILLE, FL 32202 US

**Current Mailing Address:**

3640 NEWCOMB RD  
JACKSONVILLE, FL 32218

FEI Number: 59-2909220      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FISHER, MICHAEL W ESQUIRE  
ONE INDEPENDENT SQUARE  
SUITE 2600  
JACKSONVILLE, FL 32202 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: WEBB, BILLY R  
Address: 3640 NEWCOMB RD  
City-St-Zip: JACKSONVILLE, FL 32218

Title: SDT ( ) Delete  
Name: LANE, RAYMOND L  
Address: 244 HOLLY KNOWE RD  
City-St-Zip: JACKSONVILLE, FL

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DPT (X) Change ( ) Addition  
Name: LANE, RAYMOND L  
Address: 3640 NEWCOMB RD  
City-St-Zip: JACKSONVILLE, FL 32218

Title: DS (X) Change ( ) Addition  
Name: FISHER, MICHAEL W  
Address: ONE INDEPENDENT DRIVE, SUITE 2600  
City-St-Zip: JACKSONVILLE, FL 32202 US

Title: VP ( ) Change (X) Addition  
Name: LITTLE, ROBERT  
Address: 3640 NEWCOMB ROAD  
City-St-Zip: JACKSONVILLE, FL 32218 US

Title: AVP ( ) Change (X) Addition  
Name: LITTLE, JUDY  
Address: 3640 NEWCOMB ROAD  
City-St-Zip: JACKSONVILLE, FL 32218 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RAYMOND L. LANE

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09/21/2006

Electronic Signature of Signing Officer or Director

Date