

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M92826

FILED
Apr 27, 2009
Secretary of State

Entity Name: FLAMINGO LAKE RV RESORT, INC.

Current Principal Place of Business:

3640 NEWCOMB RD
JACKSONVILLE, FL 32218

New Principal Place of Business:

Current Mailing Address:

818 NORTH A1A
SUITE 104
PONTE VEDRA BEACH, FL 32082 US

New Mailing Address:

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

Name and Address of Current Registered Agent:

FISHER, TOUSEY, LEAS & BALL, P.A.
818 NORTH A1A
SUITE 104
PONTE VEDRA BEACH, FL 32082 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

Title: DS () Delete
Name: FISHER, MICHAEL W
Address: 501 RIVERSIDE AVENUE, SUITE 600
City-St-Zip: JACKSONVILLE, FL 32202 US

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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

DPT

04/27/2009

Electronic Signature of Signing Officer or Director

_____ Date