


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 09, 2003 8:00 am
Secretary of State

01-09-2003 90058 042 ****61.25

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1. Entity Name
**FLAGLER'S LANDING CONDOMINIUM OWNERS' ASSOCIATIO
N, INC.**



Principal Place of Business Mailing Address
**88 HILTON HAVEN DR.
KEY WEST FL 33040** **506 LOUISA STREET
KEY WEST FL 33040**

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 **65-1156280** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional
Fee Required**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**FARRELLY, GREGORY G
CATALFOMO & FARRELLY
506 LOUISA STREET
KEY WEST FL 33040**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing **\$5.00 May Be
Trust Fund Contribution.** **Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MCCOY, PETER	
STREET ADDRESS	7B HILTON HAVEN DR.	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GRANTHAM, FRANCESCA	
STREET ADDRESS	7A HILTON HAVEN DR.	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ARNOLD, DULINEA	
STREET ADDRESS	25 HILTON HAVEN DR.	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE	P	<input type="checkbox"/> Delete
NAME	MCCOY, CHARLES E JR.	
STREET ADDRESS	88 HILTON HAVEN DR.	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	MCCOY, MERILJ H	
STREET ADDRESS	88 HILTON HAVEN DR.	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John R. Dillon	
STREET ADDRESS	12 McCoy Circle	
CITY-ST-ZIP	Key West, FL 33040	
TITLE	S/T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gregory G. Farrelly	
STREET ADDRESS	4 McCoy Circle	
CITY-ST-ZIP	Key West, FL 33040	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 employees.

SIGNATURE: *Gregory G. Farrelly* **Gregory G. Farrelly**
Secretary 01/06/03 (305)293-8587

CR2E037 (10/02)