

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/9/95: \$165 (IF DISSOLVED), MINIMUM AMOUNT DUE TO REINSTATE: \$395**

**NONPROFIT CORPORATION ANNUAL REPORT 1995**



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

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JUN 16 AM 10:29

**DOCUMENT # N05532 (9)**  
1. Corporation Name  
**FLAGLER POINT CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
**220 S. 26TH STREET FLGLER BEACH FL 32136**      **220 S. 26TH STREET FLGLER BEACH FL 32136**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>10/08/1984</b>	3a. Date of Last Report <b>10/13/1994</b>
4. FEI Number <b>59-2604741</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$0.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>FILING FEE IS \$61.25</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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	
POIRIER, CHERYL 220 SO. 26TH ST U8 FLGLER BEACH, FL 32136		81 Name <b>FLANAGAN, BERNICE</b>	85 Zip Code <b>32136</b>
		82 Street Address (P.O. Box Number is Not Acceptable) <b>220 SO. 26TH ST UNIT #7</b>	
		83 <b>FLAGLER BEACH</b>	
		84 City <b>FL</b>	

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: Bernice Flanagan DATE: 6/7/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLANAGAN, BERNICE	12 NAME	
STREET ADDRESS	220 S. 26TH ST. U7	13 STREET ADDRESS	
CITY - ST - ZIP	FLGLER BEACH FL	14 CITY - ST - ZIP	
TITLE	PD	21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POIRIER, CHERYL A.	22 NAME	<b>DELETE</b>
STREET ADDRESS	220 S. 26TH ST., #8	23 STREET ADDRESS	
CITY - ST - ZIP	FLGLER BCH. FL	24 CITY - ST - ZIP	
TITLE	TD	31 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HENDERSON, DEBORAH	32 NAME	<b>DEBORAH HENDERSON</b>
STREET ADDRESS	220 S. 26TH ST., #2	33 STREET ADDRESS	<b>220 S. 26TH ST. #2</b>
CITY - ST - ZIP	FLGLER BEACH FL	34 CITY - ST - ZIP	<b>FL 32136</b>
TITLE	VD	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZARHAROHUCK, LEONA	42 NAME	
STREET ADDRESS	220 S. 26TH ST., #2	43 STREET ADDRESS	
CITY - ST - ZIP	FLGLER BEACH FL	44 CITY - ST - ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 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 110.07(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: Bernice Flanagan DATE: 6/7/95 DAYTON PHONE # 904 489-7028

CR2E037 (3-95)