


FILE NOW: FILING FEE IS \$61.25

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AND  
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00 OCT 24 AM 7:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|   |   |   |
|---|---|---|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1997</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

**DOCUMENT # N05532 (9)**

1. Corporation Name  
**FLAGLER POINT CONDOMINIUM ASSOCIATION, INC.**



|   |  |
|---|--|
| Principal Place of Business<br><b>220 S. 26TH STREET<br/>FLAGLER BEACH FL 32136</b> | Mailing Address<br><b>220 S. 26TH STREET<br/>FLAGLER BEACH FL 32136-6111</b> |
|---|--|

|   |  |
|---|--|
| 3. Date Incorporated or Qualified<br><b>10/08/1984</b>  | 3a. Date of Last Report<br><b>06/24/1996</b>           |
| 4. FEI Number<br><b>59-2604741</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input checked="" type="checkbox"/>   | <b>\$8.75</b> Additional Fee Required                  |
| 6. Election Campaign Financing Trust Fund Contribution<br><input type="checkbox"/>  | <b>\$5.00</b> May Be Added to Fees                     |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes<br><input type="checkbox"/> Yes <input type="checkbox"/> No |  |

|   |   |                              |
|---|---|------------------------------|
| 2. Principal Place of Business<br><b>21</b> | 2a. Mailing Address<br><b>PO. BOX 252</b> | 26                           |
| Suite, Apt. #, etc.<br><b>22</b>            | Suite, Apt. #, etc.<br><b>27</b>          |                              |
| City & State<br><b>23</b>                   | City & State<br><b>FLAGLER BEACH FL</b>   | <b>28</b>                    |
| Zip<br><b>24</b>                            | Country<br><b>32136</b>                   | Country<br><b>30 FLAGLER</b> |

9. Name and Address of Current Registered Agent

**FLANAGAN, BERNICE**  
**220 SO. 26TH ST U8**  
**UNIT #7**  
**FLAGLER BEACH, FL 32136**

10. Name and Address of New Registered Agent

|   |                       |
|---|-----------------------|
| 81 Name   |                       |
| 82 Street Address (P.O. Box Number is Not Acceptable) | <b>220 SO 26TH ST</b> |
| 83  |                       |
| 84 City   | <b>FL</b>             |
| 85 Zip Code   |                       |

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** *Bernice Flanagan* **10/20/2000**

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

12. OFFICERS AND DIRECTORS

|                |  |
|----------------|--|
| TITLE          | <b>SD</b> <input type="checkbox"/> DELETE            |
| NAME           | <b>FLANAGAN, BERNICE</b>                             |
| STREET ADDRESS | <b>220 S. 26TH ST. U7</b>                            |
| CITY-ST-ZIP    | <b>FLAGLER BEACH FL</b>                              |
| TITLE          | <b>PDT</b> <input type="checkbox"/> DELETE           |
| NAME           | <b>HENDERSON, DEBORAH</b>                            |
| STREET ADDRESS | <b>220 S. 26TH ST., #2</b>                           |
| CITY-ST-ZIP    | <b>FLAGLER BEACH FL</b>                              |
| TITLE          | <b>VD</b> <input checked="" type="checkbox"/> DELETE |
| NAME           | <b>ZARHAROHUCK, LEONA</b>                            |
| STREET ADDRESS | <b>220 S. 26TH ST., #2</b>                           |
| CITY-ST-ZIP    | <b>FLAGLER BEACH FL</b>                              |
| TITLE          | <input type="checkbox"/> DELETE                      |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |
| TITLE          | <input type="checkbox"/> DELETE                      |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |  |
|--------------------|--|
| 1.1 TITLE          | <b>PD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |  |
| 1.3 STREET ADDRESS |  |
| 1.4 CITY-ST-ZIP    |  |
| 2.1 TITLE          | <b>TD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |  |
| 2.3 STREET ADDRESS | <b>400 N FLAGLER AVE U3</b>  |
| 2.4 CITY-ST-ZIP    | <b>FLAGLER BEACH, FL 32136</b>   |
| 3.1 TITLE          | <b>VD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME           | <b>DAVID MAYO</b>  |
| 3.3 STREET ADDRESS | <b>3455 NW 12 TH ST</b>  |
| 3.4 CITY-ST-ZIP    | <b>GAINESVILLE, FL 32609</b>   |
| 4.1 TITLE          | <b>SD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME           | <b>DIANA BURKLEY</b>   |
| 4.3 STREET ADDRESS | <b>220 SO 26TH ST U4</b>   |
| 4.4 CITY-ST-ZIP    | <b>FLAGLER BEACH, FL 32136</b>   |
| 5.1 TITLE          |  |
| 5.2 NAME           |  |
| 5.3 STREET ADDRESS |  |
| 5.4 CITY-ST-ZIP    |  |
| 6.1 TITLE          |  |
| 6.2 NAME           |  |
| 6.3 STREET ADDRESS |  |
| 6.4 CITY-ST-ZIP    |  |

**REINSTATEMENT**

**97**

**600003455625-0**

**-11/07/00-01063-16**

**\*\*\*\*428.75**

*[Handwritten Signature]*

14. I do 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 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** *Bernice Flanagan* **10/23/2000** **904 439-7038**

Signature and typed or printed name of registered agent or director Date Daytime Phone #002900

CR2E037 (9/96)