

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N05532

1. Entity Name

FLAGLER POINT CONDOMINIUM ASSOCIATION, INC.

FILED
Feb 06, 2002 8:00 am
Secretary of State

02-06-2002 90040 005 *****70.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business

220 S. 26TH STREET
FLAGLER BEACH FL 32136

Mailing Address

P.O. BOX 252
FLAGLER BEACH FL 32136

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

~~59-2604741~~ 59-3711756

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **BURKLEY, DIANA M.**
Street Address (P.O. Box Number is Not Acceptable)
220 S. 26 St. # 4
Flagler Beach
City **FL** Zip Code **32136**

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.

SIGNATURE *Diana M. Burkley*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

01-11-02

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE **PDT** ☐ Delete
NAME **FLANAGAN, BERNICE**
STREET ADDRESS **220 S. 26TH ST. U7**
CITY-ST-ZIP **FLAGLER BEACH FL**

TITLE **SD** ☒ Delete
NAME **HENDERSON, DEBORAH**
STREET ADDRESS **400 N. FLAGLER AVE., U3**
CITY-ST-ZIP **FLAGLER BEACH FL 32136**

TITLE **VD** ☒ Delete
NAME **MAYO, DAVID**
STREET ADDRESS **3455 N.W. 12TH ST.**
CITY-ST-ZIP **GAINESVILLE FL 32609**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☐ Change ☒ Addition
NAME **MULLIGAN, SCOTT**
STREET ADDRESS **123 N. Flagler Ave.**
CITY-ST-ZIP **Flagler Beach, FL 32136**

TITLE **TD** ☐ Change ☒ Addition
NAME **BURKLEY, DIANA M.**
STREET ADDRESS **220 S. 26 St. #4**
CITY-ST-ZIP **Flagler Beach, FL 32136**

TITLE **SD** ☐ Change ☒ Addition
NAME **LEONARDO, LAURA**
STREET ADDRESS **19 Old Kings Rd N. C-105**
CITY-ST-ZIP **Palm Coast, FL 32137**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 empowered.

SIGNATURE:

Diana M. Burkley (DIANA M. BURKLEY)

01-11-02 (386) 517-0695

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)