

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

**FILED**  
**Jan 22, 2003 8:00 am**  
**Secretary of State**

01-22-2003 90144 010 \*\*\*\*61.25

**DOCUMENT # N05532**

1. Entity Name

**FLAGLER POINT CONDOMINIUM ASSOCIATION, INC.**



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

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3711756**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BURKLEY, DIANA M  
220 SO. 26TH ST  
UNIT #4  
FLAGLER BEACH, FL 32136**

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

*Diana M Burkley*

**01.17.03**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE **VD** ☐ Delete  
NAME **MULLIGAN, SCOTT**  
STREET ADDRESS **123 N FLAGLER AVENUE**  
CITY-ST-ZIP **FLAGLER BEACH FL 32136**

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

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

TITLE **VD emr S/D** ☒ Change ☐ Addition  
NAME **RICHARD GRAY**  
STREET ADDRESS **220 S. 26 ST. # 8**  
CITY-ST-ZIP **FLAGLER BEACH FL 32136**

TITLE **TD** ☐ Delete  
NAME **BURKLEY, DIANA M**  
STREET ADDRESS **220 S 26 STREET #4**  
CITY-ST-ZIP **FLAGLER BEACH FL 32136**

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

TITLE **SD** ☒ Delete  
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 ☐ Delete  
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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**01.17.03 (386) 760 7233**

Date

Daytime Phone #

**EXT 195**

CR2E037 (10/02)