

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N08264 (6)
1. Corporation Name
THE FLAGLER BEACH HOUSE CONDOMINIUM ASSOCIATION INC.



Principal Place of Business
**2144 PENN DR
DELAND FL 32724
US**

Mailing Address
**2144 PENN DRIVE
DELAND FL 32724
US**

3. Date Incorporated or Qualified
03/20/1985

3a. Date of Last Report
05/01/1995

4. FEI Number
59-2513870

Applied For
☐ Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21 Suite, Apt. #, etc.
23 City & State
24 Zip 25 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip 29 Country

9. Name and Address of Current Registered Agent

**FRYE, CHARLOTTE
2144 PENN DRIVE
DELAND FL 32724**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 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

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	D	WELKER, CAROL	☐ DELETE
NAME		1500 GAY RD #9A	
STREET ADDRESS		WINTER PARK FL	
CITY-ST-ZIP			
TITLE	D	MARTIN, W.A.	☐ DELETE
NAME		1120 ARTHUR STREET	
STREET ADDRESS		ORLANDO FL	
CITY-ST-ZIP			
TITLE	ST	FRYE, CHARLOTTE	☐ DELETE
NAME		2144 PENN DR	
STREET ADDRESS		DELAND FL	
CITY-ST-ZIP			
TITLE	D	HEDRICK, DR. R	☐ DELETE
NAME		215 E. FRENCH	
STREET ADDRESS		ORANGE CITY FL	
CITY-ST-ZIP			
TITLE	P	YOUNG, ROBERT	☐ DELETE
NAME		3000 S. CLARCONA RD. #3103	
STREET ADDRESS		APOPKA FL	
CITY-ST-ZIP			
TITLE			☐ DELETE
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 119.07(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: *Charlotte L. Frys* **1-15-96** **904-943-8814**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E037 (12/95)