FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

DOCUMENT # NO8264

(6)

THE FLAGLER BEACH HOUSE CONDOMINIUM ASSOCIATION INC. Principal Place of Business Mailing Address									
2144 PENN DR 21 DELAND FL 32724 DE		2144 PENN DRIVE DELAND FL 32724 US	2144 PENN DRIVE DELAND FL 32724			3. Date Incorporated or Qualified 03/20/1985 4. FEI Number Applied For 59-2513870 Not Applicable			
2. Principal Place of Business 2a. Mailing Address						5. Certificate of Status Desired	\$8.75	Additional	
26 Sulte, Apt. #, etc. Sulte, Apt. #, etc.						Election Campaign Financing	\$5.00	Required May Be	
22 27						Trust Fund Contribution	Added		
City & Stat	e	City & State	City & State			7. Is this nonprofit corporation a homeowners association?			
Zip	Country	28	Zip Country			Yes No 8. This corporation owes or has paid the current year Intangible			
24	26	_ 	30	,		Personal Property Tax due June 30.		ntangible □ No	
	9. Name and Address of Curre	1 - 1 - 1 - 1 - 1	751			10. Name and Address of New Registers			
	<u></u>		81	Name	1				
FRYE, CHARLOTTE			82	Street	Addres	ss (P.O. Box Number is Not Acceptable)		<u> </u>	
2144 PENN DRIVE			83						
DELAND FL 32724			63	<u>'</u>					
			84	City		F	95 Zip	Code	
11. Pursuant office or ragent. I a	to the provisions of Sections 617.05 egistered agent, or both, in the Stat m familiar with, and accept the obli	02 and 617.1508, Florida Statute e of Florida. Such change was au gations of, Section 617.0503, Flor	s, the abov uthorized b rida Statute	e-named y the corp is.	corpor poration	ration submits this statement for the purpose n's board of directors. I hereby accept the a	of changing ppointment as	its registered s registered	
SIGNATURE .	Signature, typed or printed name of registered as		Registered Ag	ent algnature	e required	when reinstaling) DATE			
12.	OFFICERS AND DIRECTORS		13.		T D	ADDITIONS/CHANGES TO OFFICERS A			
TITLE NAME	D Welker, Carol	CAPOL		1.1 TITLE		immermAN.CAROL	L. Change	Addition	
STREET ADDRESS	1500 GAY RD #9A		1.2 NAME 1.3 STREET ADDRESS		15	MMERMAN CAROL			
CITY-ST-ZIP	WINTER PARK FL		1.4 CITY-ST-ZIP		l u)	NIER PARK, FA			
TITLE	D	☐ DELETE	2.1 TITLE				Change	Addition	
NAME	Martin, W.A.	MARTIN, W.A.		2.2 NAME					
STREET ADDRESS	1120 ARTHUR STREET		2.3 STREET ADDRESS						
CITY-ST-ZIP	ORLANDO FL ST	☐ DELETE		ST-ZIP	├	· · · · · · · · · · · · · · · · · · ·	☐ Change	Addition	
NAME	FRYE, CHARLOTTE	_ otter	3.1 TITLE 3.2 NAME				□ Citavige	L.J Addition	
STREET ADDRESS	2144 PENN DR			T ADDRESS					
CITY-ST-ZIP	DELAND FL		3.4. CITY-		ĺ				
TITLE	D	☐ DELETE			1		Change	Addition	
NAME	HEDRICK, Dr . r		4. 2 NAME						
STREET ADDRESS	215 E. FRENCH		4.3 STREE	T ADDRESS					
CITY-ST-ZIP	ORANGE CITY FL	T No.	4.4 CITY - 1	ST-ZIP	<u> </u>		170	1.120	
TITLE	YOUNG BOREST	☐ DELETE	5.1 TITLE				Change	Addition	
NAME DYDECT ADDRESS	YOUNG, ROBERT 3000 S. CLARCONA RD. #3	102	5.2 NAME	T ADDRESS					
STREET ADDRESS CITY-ST-ZIP	APOPKA FL	103		T ADDRESS					
TITLE	AL OLIM LE	DELETE	5.4 CITY - S 6.1 TITLE	DI - LIF	 		Change	☐ Addition	
NAME			6.2 NAME						
STREET ADDRESS				T ADDRESS					

CITY-ST-ZIP

14. 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 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.

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FILED

Jan 23 1998 8:00am

Secretary of State