

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2004 8:00 am
Secretary of State

03-02-2004 90038 025 ****61.25

DOCUMENT # N08264

1. Entity 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

34063160



MOORE CR2E037 (11/03)

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

59-2513870

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

FRYE, CHARLOTTE
2144 PENN DRIVE
DELAND FL 32724

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

Charlotte Frye Sanders

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2-26-04

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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

TITLE **D** ☐ Delete
NAME **ZIMMERMAN, JIM & CAROL**
STREET ADDRESS **1720 LEE RD**
CITY-ST-ZIP **WINTER PARK FL 32789-2176**

TITLE **ST** ☐ Delete
NAME **FRYE, CHARLOTTE**
STREET ADDRESS **2144 PENN DR**
CITY-ST-ZIP **DELAND FL**

TITLE **P** ☒ Delete
NAME **HEDRICK, RAYMOND**
STREET ADDRESS **P.O. BOX 605**
CITY-ST-ZIP **MELROSE FL 32666**

TITLE **D** ☐ Delete
NAME **YOUNG, ROBERT**
STREET ADDRESS **P.O. BOX 2223**
CITY-ST-ZIP **FLAGLER BEACH FL 32136-6100**

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 **P** ☒ Change ☐ Addition
NAME **Zimmerman, Jim & Carol**
STREET ADDRESS **1406 Vellibrois St,**
CITY-ST-ZIP **Orlando, Florida 32803**

TITLE **ST** ☒ Change ☐ Addition
NAME **Sanders, Charlotte & Wendell**
STREET ADDRESS **2144 Penn Dr**
CITY-ST-ZIP **De Land, Fla. 32724**

TITLE **P** ☐ Change ☐ Addition
NAME **Young, Bob & Nadine**
STREET ADDRESS **Box 2223**
CITY-ST-ZIP **Flagler Beach, Fla 32136**

TITLE **P** ☐ Change ☒ Addition
NAME **Harmse, Carol**
STREET ADDRESS **P.O. Box 1289**
CITY-ST-ZIP **Flagler Beach, Fla 32136**

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:

Charlotte Frye Sanders

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Cell 386-861-4589
2-26-04 386-943-8814