

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2005 8:00 am
Secretary of State

01-20-2005 90019 049 ****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**

40003206



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01102005 Chg-NP CR2E037 (10/03)

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 **CHARLOTTE FRYE SANDERS**

Street Address (P.O. Box Number is Not Acceptable)

2144 PENN DR

DELAND, FL

City

FL

Zip Code
32724

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

1-12-05

**Filing Fee is \$61.25
Due by May 1, 2005**

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 **1406 ILLINOIS ST.**
CITY-ST-ZIP **ORLANDO, FL 32803**

TITLE **ST** ☐ Delete
NAME **WENDELL SANDERS, CHARLOTTE &**
STREET ADDRESS **2144 PEN DR.**
CITY-ST-ZIP **DELAND, FL 32724**

TITLE **D** ☐ Delete
NAME **LARMORE, CAROL**
STREET ADDRESS **P.O. BOX 1289**
CITY-ST-ZIP **FLAGLER BEACH, FL 32136**

TITLE **D** ☐ Delete
NAME **YOUNG, ROBERT**
STREET ADDRESS **P.O. BOX 2223**
CITY-ST-ZIP **FLAGLER BEACH, FL 321366100**

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 **4600 THORNLEAF RD.**
CITY-ST-ZIP **ORLANDO, FLA 32817**

TITLE **ST** ☐ Change ☐ Addition
NAME **WENDELL SANDERS, CHARLOTTE &**
STREET ADDRESS **2144 PENN DR.**
CITY-ST-ZIP **DELAND, FL 32724**

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

TITLE ☐ Change ☐ Addition
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NAME
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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

1-12-05

Date

386-943-8814

Daytime Phone #

CHARLOTTE FRYE SANDERS