

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2006 8:00 am
Secretary of State

02-02-2006 90077 009 ****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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

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 SANDERS, 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

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
Due By May 1, 2006**

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 **4600 THORNLEA RD**
CITY-ST-ZIP **ORLANDO FL 32817**

TITLE **ST** ☐ Delete
NAME **WENDELL SANDERS, CHARLOTTE &**
STREET ADDRESS **2144 PENN 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 & NADEEN**
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 **PRESIDENT** ☐ Change ☐ Addition
NAME **Zimmerman, Jim**
STREET ADDRESS **4600 THORNLEA RD.**
CITY-ST-ZIP **ORLANDO, FL 32817**

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

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

TITLE **VICE PRESIDENT** ☐ Change ☐ Addition
NAME **YOUNG, ROBERT**
STREET ADDRESS **P.O. BOX 2223**
CITY-ST-ZIP **FLAGLER BEACH, FL 32136-6100**

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 exemptions contained in Section 119, 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**

1-21-06

386-943-8814