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Mar 05 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N13430 (6)
1. Corporation Name
FLAMINGO VILLAS II HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
383 FLAMINGO RD., N.E. LAKE PLACID FL 33852 US
383 FLAMINGO ROAD. N.E. LAKE PLACID FL 33852-6062 US

3. Date Incorporated or Qualified 02/14/1986
3a. Date of Last Report 04/12/1996

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

4. FEI Number 59-2950480 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

9. Name and Address of Current Registered Agent
MECHLING, ALICE
383 FLAMINGO RD NE
LAKE PLACID FL 33852

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 Alice Mechling (NOTE: Registered Agent signature required when reinstating) DATE 1-7-97

12. OFFICERS AND DIRECTORS
TITLE PD GORMAN, BEV 375 FLAMINGO RD NE LAKE PLACID FL
NAME GORMAN, BEV
STREET ADDRESS 375 FLAMINGO RD NE
CITY-ST-ZIP LAKE PLACID FL
TITLE VD SORRELLS, TOMMY 377 FLAMINGO RD NE LAKE PLACID FL
NAME SORRELLS, TOMMY
STREET ADDRESS 377 FLAMINGO RD NE
CITY-ST-ZIP LAKE PLACID FL
TITLE TSD MECHLING, ALICE 383 FLAMINGO RD NE LAKE PLACID FL
NAME MECHLING, ALICE
STREET ADDRESS 383 FLAMINGO RD NE
CITY-ST-ZIP LAKE PLACID FL
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE PD DENNIE TUTTLE 344 FLAMINGO ST. LAKE PLACID, FL 33852
1.2 NAME DENNIE TUTTLE
1.3 STREET ADDRESS 344 FLAMINGO ST.
1.4 CITY-ST-ZIP LAKE PLACID, FL 33852
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE: Alice Mechling
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE # 0053857

CP2E037 (9/96)