

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Feb 04 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N13430 (6)**  
 1. Corporation Name  
**FLAMINGO VILLAS II HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business 383 FLAMINGO RD., N.E. LAKE PLACID FL 33852 US	Mailing Address 383 FLAMINGO ROAD, N.E. LAKE PLACID FL 33852 US
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3. Date Incorporated or Qualified  
**02/14/1986**

4. FEI Number <b>59-2950480</b>	Applied For Not Applicable
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2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  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
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TUTTLE, DENNIE	1.2 NAME	
STREET ADDRESS	344 FLAMINGO ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE PLACID FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SORRELLS, TOMMY	2.2 NAME	
STREET ADDRESS	377 FLAMINGO RD NE	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE PLACID FL	2.4 CITY-ST-ZIP	
TITLE	TSD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MECHLING, ALICE	3.2 NAME	
STREET ADDRESS	383 FLAMINGO RD NE	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE PLACID FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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.

SIGNATURE: *Alice Mechling* **REQUIRED** *1/5/98*  
Signature and typed or printed name of signing officer or director Date Daytime Phone # 0055925

CR2E037 (10/97)