

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N13430

1. Entity Name

FLAMINGO VILLAS II HOMEOWNERS ASSOCIATION, INC.

FILED
Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90015 005 ****61.25

Principal Place of Business 383 FLAMINGO RD., N.E. LAKE PLACID FL 33852 US	Mailing Address 383 FLAMINGO ROAD, N.E. LAKE PLACID FL 33852-6062 US
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DO NOT WRITE IN THIS SPACE

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 59-2950480	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MECHLING, ALICE
383 FLAMINGO RD NE
LAKE PLACID FL 33852

7. Name and Address of New Registered Agent

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.

SIGNATURE Alice Mechling Alice Mechling 1-3-2000
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing) DATE

FILE NOW:
FEE IS \$61.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	TUTTLE, DENNIE	
STREET ADDRESS	344 FLAMINGO ST	
CITY-ST-ZIP	LAKE PLACID FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SORRELLS, TOMMY	
STREET ADDRESS	377 FLAMINGO RD NE	
CITY-ST-ZIP	LAKE PLACID FL	
TITLE	TSD	<input type="checkbox"/> Delete
NAME	MECHLING, ALICE	
STREET ADDRESS	383 FLAMINGO RD NE	
CITY-ST-ZIP	LAKE PLACID FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Alice Mechling Alice Mechling 1-3-2000 941-699-2397

CR2E037 (9/99)