

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90081 030 ****61.25

DOCUMENT # N13430

1. Entity Name

FLAMINGO VILLAS II HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

~~383 FLAMINGO RD. NE~~
 LAKE PLACID FL 33852
 US

17 Corkwood Ave
~~308 FLAMINGO ROAD, N.E.~~
 LAKE PLACID FL 33852
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

17 Corkwood Ave
Lake Placid FL
33852
US

4. FEI Number

59-2950480

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

MECHLING, ALICE
383 FLAMINGO RD NE
LAKE PLACID FL 33852

Name

Dennie Tuttle

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

17 Corkwood Ave

City

Lake Placid

FL

Zip Code

33852

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

Dennie Tuttle, Pres.

1-16-2001

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **PD TUTTLE, DENNIE**
 STREET ADDRESS ~~383 FLAMINGO ST~~ *17 Corkwood Ave.*
 CITY-ST-ZIP **LAKE PLACID FL**

TITLE Change Addition
 NAME *Tuttle, Dennie*
 STREET ADDRESS *17 Corkwood Ave*
 CITY-ST-ZIP *Lake Placid, FL 33852-8163*

TITLE Delete
 NAME **VD SORRELLS, TOMMY**
 STREET ADDRESS **377 FLAMINGO RD NE**
 CITY-ST-ZIP **LAKE PLACID FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **TSD MECHLING, ALICE**
 STREET ADDRESS **383 FLAMINGO RD NE**
 CITY-ST-ZIP **LAKE PLACID FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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TITLE Change Addition
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 CITY-ST-ZIP

TITLE Delete
 NAME
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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:

Dennie Tuttle
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-2001
 Date
863 699-9976
 Daytime Phone #

CR2E037 (10/00)