

FILE NOW: FILING FEE IS \$61.25

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May 06 1997 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N19355** (9)

1. Corporation Name

**FLAMINGO GARDENS WEST LAKE MAINTENANCE ASSOCIATION, INC.**



Principal Place of Business	Mailing Address
1408 N WESTSHORE BLVD #908 TAMPA FL 33607 US	1408 N WESTSHORE #908 TAMPA FL 33607-4584 US

3. Date Incorporated or Qualified <b>02/20/1987</b>	3a. Date of Last Report <b>04/17/1996</b>
4. FEI Number <b>65-0030018</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**STORY, STEPHEN F**  
**1408 N WESTSHORE BLVD**  
**SUITE 908**  
**TAMPA FL 33607**

81 Name <b>Peter J. Kelly</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>501 East Kennedy Boulevard - Suite 1400</b>
83
84 City <b>Tampa</b>
85 Zip Code <b>FL 33602</b>

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

Signature, type or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	<b>VASD</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>HEFTLER, ROGER</b>
STREET ADDRESS	<b>9450 SUNSET DRIVE</b>
CITY-ST-ZIP	<b>SOUTH MIAMI FL</b>
TITLE	<b>VD</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>HEFTLER, ROGER</b>
STREET ADDRESS	<b>9450 SUNSET DRIVE</b>
CITY-ST-ZIP	<b>SOUTH MIAMI FL</b>
TITLE	<b>STD</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>HIGIER, GERALD M.</b>
STREET ADDRESS	<b>1541 SUNSET DRIVE</b>
CITY-ST-ZIP	<b>CORAL GABLES FL</b>
TITLE	<b>P</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>STORY, STEPHEN F.</b>
STREET ADDRESS	<b>1408 N WESTSHORE BLVD, STE 908</b>
CITY-ST-ZIP	<b>TAMPA FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<b>President/Director</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Hugh F. Culverhouse, Jr.</b>
1.3 STREET ADDRESS	<b>One Biscayne Tower - Suite 3599</b>
1.4 CITY-ST-ZIP	<b>Miami, FL 33131</b>
2.1 TITLE	<b>Vice President/Treasurer/</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Andrew N. Cappello</b> <b>Director</b>
2.3 STREET ADDRESS	<b>100 North Tampa Street - Suite 3000</b>
2.4 CITY-ST-ZIP	<b>Tampa, FL 33602</b>
3.1 TITLE	<b>Vice President/Secretary/</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Thomas K. Purcell</b> <b>Director</b>
3.3 STREET ADDRESS	<b>225 Water Street-Suite 1235</b>
3.4 CITY-ST-ZIP	<b>Jacksonville, FL 32202</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  **FILED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0047549

CR20037 (9/96)