

FILE NOW: FILING FEE IS \$61.25

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May 01 1998 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION ANNUAL REPORT 1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra S. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT #** N19355

1. Corporation Name

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

Principal Place of Business

Mailing Address

**1408 Westshore Blvd., #908  
Tampa, Florida 33607**

3. Date Incorporated or Qualified  
**2/20/1987**

4. FEI Number  
**65-0030018**

Applied For  
Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 <b>3903 Northdale, Boulevard</b>	26 <b>3903 Northdale Boulevard</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 <b>140E</b>	27 <b>140E</b>
City & State	City & State
23 <b>Tampa, Florida</b>	28 <b>Tampa, Florida</b>
Zip	Zip
24 <b>33624</b>	29 <b>33624</b>
Country	Country
25 <b>USA</b>	30 <b>USA</b>

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

**Peter J. Kelly  
501 East Kennedy Blvd., Suite 1400  
Tampa, Florida 33602**

10. Name and Address of New Registered Agent

81 Name **Mark J. Bryn**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**One Biscayne Tower, Suite 3599**  
83 **2 South Biscayne Boulevard**  
84 City **Miami** 85 Zip Code **FL 33131**

11. Pursuant to the provisions of Sections 617.0002 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **April 28, 1998**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D, P	1.1 TITLE	Senior V
NAME	Hugh F. Culverhouse, Jr.	1.2 NAME	John C. Strickroot, Jr.
STREET ADDRESS	One Biscayne Tower, Suite 3599	1.3 STREET ADDRESS	2 South Biscayne Boulevard, Suite 3599
CITY-ST-ZIP	Miami, Florida 33131	1.4 CITY-ST-ZIP	Miami, Florida 33131
TITLE	VPT	2.1 TITLE	D
NAME	Andrew N. Cappello	2.2 NAME	Andrew N. Cappello
STREET ADDRESS	100 North Tampa Street, Suite 3000	2.3 STREET ADDRESS	700002508867
CITY-ST-ZIP	Tampa, Florida	2.4 CITY-ST-ZIP	-05/04/98--01016--016
TITLE	VPSD	3.1 TITLE	D
NAME	Thomas K. Purcell	3.2 NAME	***61.25
STREET ADDRESS	225 Water Street, Suite 1235	3.3 STREET ADDRESS	Thomas K. Purcell
CITY-ST-ZIP	Jacksonville, Florida	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	V, S
NAME		4.2 NAME	Scott Lynch
STREET ADDRESS		4.3 STREET ADDRESS	3903 Northdale Boulevard, Suite 140E
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Tampa, Florida 33624
TITLE		5.1 TITLE	V, T
NAME		5.2 NAME	Eugene F. Cassidy
STREET ADDRESS		5.3 STREET ADDRESS	3903 Northdale Boulevard, Suite 140E
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Tampa, Florida 33624
TITLE		6.1 TITLE	Assist. Sect., Assist. Treas.
NAME		6.2 NAME	Lillian Tramontano
STREET ADDRESS		6.3 STREET ADDRESS	3903 Northdale Boulevard, Suite 3599
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Tampa, Florida 33624

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:

**John C. Strickroot, Jr. April 28, 1998 (305)371-3600**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/97)