1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

May 10, 1999 8:00 am § Secretary of State

05-10-1999 90043 002 ****61.25

DOCUMENT # N19355

1. Corporation Name

FLAMINGO GARDENS WEST LAKE MAINTENANCE ASSOCIATI ON, INC.

Principal Place of Business 3903 NORTHDALE BOULEVARD SUITE 140E TAMPA FL 33624

2. Principal Place of Business

21

Mailing Address

3903 NORTHDALE BOULEVARD

SUITE 140E TAMPA FL 33624

2a. Mailing Address

US

3. Date incorporated or Qualifed

02/20/1987

Suite, Apt.	#. etc.	Suite, Apt. #, etc.				4. FEI Number			Appl	ed For	
22		27				65-0030018		Γ	Not.	Applicable	
City & State	9	City & State				E Out to the Court Burney	П	\$8.	75 Ad	ditional	
23		28				5. Certificate of Status Desired	Ш	F	e Req	uired	
Zip	Country	Zip	Country			6. Election Campaign Financing		\$5.00 May Be			
24	25 29 30					Trust Fund Contribution		Ad	ded to	Fees	
=-1	9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent							
					81 Name						
DDVN MADY I											
BRYN, MARK J				82 Street Address (P.O. Box Number is Not Acceptable)							
ONE BISCAYNE TOWER, SUITE 3599					83						
2 SOUTH BISCAYNE BOULEVARD											
MIAMI FL 33131				84	City		FL	85 Zip Code			
44		CAT 1500 Florida Statu	too the o	have	named como	mtico submits this statement for the		changi	og its re	egistered	
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 typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
43					signature required v	ADDITIONS/CHANGES TO OF		D DIRI	CTOR	S IN 12	
12.	OFFICERS AND DIRECTORS DD DELETE			1.1 TITLE		7.001710107014110201000.	. 102.10	Ch		Addition	
TITLE				1.2 NAME							
NAME)	CULVERHOUSE, HUGH F JR.]	
STREET ADORESS	ONE BISCAYNE TOWER, STE. 3599			1,3 STREET ADDRESS						}	
CITY-ST-ZIP	MIAMI FL			1.4 CITY-ST-ZIP						C Addition	
TITLE	D DELETE			2.1 TITLE				☐ Ch	ange	☐ Addition	
NAME	CAPPELLO, ANDREW N			2.2 NAME							
STREET ADDRESS	s 100 North Tampa Street, Ste. 3000			2.3 STREET ADDRESS						ł	
CITY-ST-ZIP	TAMPA FL			ITY-ST	T-ZIP						
TITLE	D DELETE			TLE				☐ Ch	ange	Addition	
NAME .	PURCELL, THOMAS K			AME							
STREET ADDRESS				TREET	ADDRESS						
CITY-ST-ZIP				3.4. CITY-ST-ZIP							
TITLE				TLE				급여	ange	Addition	
NAME	•			AME							
STREET ADDRESS				TREET	ADDRESS						
CITY-ST-ZIP				TY-ST	-ZIP						
TITLE	VT	☐ DELETE	5.1 TI						ange	☐ Addition	
NAME				AME							
STREET ADDRESS				.3 STREET ADDRESS							
	3303 NONTHDALE BOOLEVAND, SOITE 140E			TY-ST							
CITY-ST-ZIP	TAMPA FL 33624	KI DELETE	6.1 TI						ange	Addition	
TITLE	ASAT	- SELECT	6.2 N					_	•	_	
NAME	TRAMONIANO, LILLIAN				ADDRESS					[
STREET ADDRESS	3903 NORTHDALE BOULEVARD,	SUITE 140E								ļ	
CITY-ST-ZIP	TAMPA FL 33624		6.4 C	TY-ST	-211"	Hand 440 07/20/II) Florido Statutos	4.5. 11				

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 informationicated 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, with all other like empowered.

SIGNATURE:

April 19, 1999

(305) 371-3600