

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Apr 14, 1999 8:00 am**  
**Secretary of State**

04-14-1999 90197 040 \*\*\*\*71.00

**DOCUMENT # N34099**

1. Corporation Name

**FLYING "G" HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

13320 HWY 441, SE  
OKEECHOBEE FL 34974  
US

13320 HWY 441, SE  
OKEECHOBEE FL 34974  
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21

26

09/11/1989

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

22

27

65-0182392

Not Applicable

City & State

City & State

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

23

28

Okeechobee, Fl.

6. Election Campaign Financing

**\$5.00** May Be  
Added to Fees

Zip

Country

Zip

Country

24

25

29

34974

30

Okeechobee

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CHAPMAN, EDWARD  
13400 HWY 441 SE  
OKEECHOBEE FL 34974

81 Name

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

83

84 City

FL

85 Zip Code

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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **V** ~~XX~~DELETE  
NAME **LEMMICK, JEFFREY**  
STREET ADDRESS **12980 HWY 441, SE**  
CITY-ST-ZIP **OKEECHOBEE FL 34974**

1.1 TITLE **President** ☐ Change ☒ Addition  
1.2 NAME **Robert Cumpton**  
1.3 STREET ADDRESS **413 N.E. 3rd. Street**  
1.4 CITY-ST-ZIP **Belle Glade, FL 33430**

TITLE **TD** ~~XX~~DELETE  
NAME **MULLIS, CHESTER H**  
STREET ADDRESS **13320 US HWY 441 SE**  
CITY-ST-ZIP **OKEECHOBEE FL 34974**

2.1 TITLE **Director** ☐ Change ☒ Addition  
2.2 NAME **James Forrester Jr.**  
2.3 STREET ADDRESS **13380 Hwy 441 S.E.**  
2.4 CITY-ST-ZIP **Okeechobee, FL. 34974**

TITLE **D** ~~XX~~DELETE  
NAME **BAKER, DEWEY**  
STREET ADDRESS **6522 NW 24TH ST**  
CITY-ST-ZIP **OKEECHOBEE FL 34974**

3.1 TITLE **Secretary/Treasurer** ☐ Change ☒ Addition  
3.2 NAME **Susan Forrester**  
3.3 STREET ADDRESS **13380 Hwy. 441 S.E.**  
3.4 CITY-ST-ZIP **Okeechobee, FL. 34974**

TITLE **D** ☐ DELETE  
NAME **CHAPMAN, EDWARD**  
STREET ADDRESS **13400 HWY 441, SE**  
CITY-ST-ZIP **OKEECHOBEE FL**

4.1 TITLE **Vice-President** ☒ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE **D** ~~XX~~DELETE  
NAME **ZIRGER, MICHAEL**  
STREET ADDRESS **14 CHESTNUT STREET**  
CITY-ST-ZIP **STANHOPE NJ**

5.1 TITLE **Director** ☐ Change ☒ Addition  
5.2 NAME **Marty Zirger**  
5.3 STREET ADDRESS **13000 Hwy. 441 S.E.**  
5.4 CITY-ST-ZIP **Okeechobee, FL. 34974**

TITLE **D** ~~XX~~DELETE  
NAME **BIRDASHAW, CLARENCE**  
STREET ADDRESS **13420 HWY 441, SE**  
CITY-ST-ZIP **OKEECHOBEE FL 34974**

6.1 TITLE **Director** ☐ Change ☒ Addition  
6.2 NAME **Gail Beahl**  
6.3 STREET ADDRESS **6613 Ashby Lane**  
6.4 CITY-ST-ZIP **Louisville, Ky. 40272**

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, with all other like empowered.

SIGNATURE: *Susan Forrester* **SIGNATURE REQUIRED** **Susan Forrester**

04/13/99  
Date

561-996-4720  
Daytime Phone #

CR2E037 (11/98)

0074884