

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N44995 (1)
1. Corporation Name
FLAMINGO LAKES PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business
**2601 S. BAYSHORE DRIVE
MIAMI FL 33133**

Mailing Address
**ATTN: LEGAL DEPARTMENT
2601 S. BAYSHORE DRIVE
MIAMI FL 33133**

3. Date Incorporated or Qualified **09/05/1991** 3a. Date of Last Report **04/18/1995**

4. FEI Number **59-3124282** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**J. LANGLEY, MARCIA H
ATTN: LEGAL DEPARTMENT
2601 S. BAYSHORE DRIVE
MIAMI FL 33133**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code **FL**

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 re-appointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KRAMER, STUART	
STREET ADDRESS	2601 S. BAYSHORE DRIVE	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	THOMPSON, CHARLES	
STREET ADDRESS	2601 S. BAYSHORE DRIVE	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	VS	<input checked="" type="checkbox"/> DELETE
NAME	LANGLEY, MARCIA H	
STREET ADDRESS	2601 S. BAYSHORE DRIVE	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	DVT	<input checked="" type="checkbox"/> DELETE
NAME	ALLEN, MATTHEW J	
STREET ADDRESS	2601 S. BAYSHORE DRIVE	
CITY-ST-ZIP	MIAMI FL 33133	
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	DVS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Joel K. Goldman	
1.3 STREET ADDRESS	2601 S. Bayshore Dr.	
1.4 CITY-ST-ZIP	Miami, Florida 33133	
2.1 TITLE	DVT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Mark Sparrow	
2.3 STREET ADDRESS	2601 S. Bayshore Dr.	
2.4 CITY-ST-ZIP	Miami, Florida 33133	
3.1 TITLE	V, Asst. Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Thomas W. Jeffrey	
3.3 STREET ADDRESS	2601 S. Bayshore Dr.	
3.4 CITY-ST-ZIP	Miami, Florida 33133	
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	300001829223	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	-05/20/96--01044--007	
5.3 STREET ADDRESS	***61.25	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Joel K. Goldman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/96 305-859-4071

Date

Daytime Phone #

CR2E037 (12/95)