## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT** #

N44995

(1)

FLAMINGO LAKES PROPERTY OWNERS ASSOCIATION, INC.

## **FILED** Feb 24 1998 8:00am Secretary of State

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Principal Place of Business Mailing Address				n remaries are didte diben tones ibnit one didte dibei dibei dibei bibit dibei bibit dibei bibit	•••
2601 S. BAYSHORE DRIVE ATTN: LEGAL DEPARTMENT MIAMI L 33133 2601 S. BAYSHORE DRIVE MIAMI FL 33133				3. Date Incorporated or Qualified  09/05/1991	
1		MIAMI FE 33133		4. FEI Number Applied F	or
				59-3124282 Not Applic	oable
21 135	ace of Business O ORANGE AVE	26 P.O. BOX 1	208	5. Certificate of Status Desired Security Securi	al
Suite, Apt.	0	Suite, Apt. #, etc. 27 4950 ORANO	E-kVB	6. Election Campaign Financing Trust Fund Contribution   \$5.00 May Be Added to Fees	
City & State 23 WINT	ER PARK, FL	City & State  28 WINTER PARI	K FL	7. Is this nonprofit corporation a homeowners association?	
Zip	Country	Zıp	Country	8. This corporation owes or has paid the current year Intangible	,
24 32789			USA	Personal Property Tax due June 30.  Yes X No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
			81 Name	ROGER V PHILLIPS	
GOLDMAN, JOEL K				Address (P.O. Box Number is Not Acceptable)	$\neg$
ATTN LEGAL DEPT - 9TH FLOOR			83 I S	ORANGE AVE	∤
	BAYSHORE DRIVE				
MIAMI FI				VTER PARK FL 85 ZILTONIE - 32789	) 
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named concerning office or registered agent, or both, in the State of Florida Such change was authorized by the corporations agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.				corporation submits this statement for the purpose of changing its regist	ered
agent. I a			a Statutes:		
SIGNATURE _	ROGER V PHILLI		10	Malero 111130	
12.	Signature, typed or printed name of registered OFFICERS A	AND DIRECTORS	13.	Total of the manufacture of the control of the cont	<u>-</u>
TITLE	DVS	DELETE	1.1 TITLE	Change ☐ Ac	
NAME	GOLDMAN, JOEL	ļ	1.2 NAME	DP	ļ
STREET ADDRESS	2601 S. BAYSHORE DRIVE		1.3 STREET ADDRESS	STEVE BRODICT	
CITY-ST-ZIP	MIAMI L 33133		1.4 CITY - ST - ZIP	2334 FLAMINGO LAKES DR., KISSI	
TITLE	PD	<b>≥</b> DELETE	2.1 TITLE	DVP K Change A	dition
NAME	KANITZ, KARL	l	2.2 NAME	ANNA BONILLA	
STREET ADDRESS	2601 S BAYSHORE DR		2.3 STREET ADDRESS	2309 - CORMORANTST CORMORANT ST	1
CITY-ST-ZIP	MIAMI FL VTD	DELETE	2 4 CITY-ST-ZIP 3.1 TITLE	KISSIMMEE FL 34743	dditlon
TITLE NAME	CALLIS, CARLETON	Ma nérete		S BARBARA BUCKLEY	A POINT
STREET ADDRESS	2601 S BAYSHORE DR			233 ANHINGA DR	
CITY-ST-ZIP	MIAMI FL	1		KISSIMMEE FL 34743	
TITLE	VAS	DELETE		D'T X Change □ Ac	ddition
NAME	JEFFREY, THOMAS W			ROSETTA WILLIAMS	l
STREET ADDRESS	2601 S. BAYSHORE DRIVE		4.3 STREET ADDRESS	2320 FLAMINGO LAKES DR	1
CITY-ST-ZIP	MIAMI FL 33133		111 0771 07 57	KISSIMMEE FL 34743	]
TITLE		☐ DELETE	5.1 TITLE	Change A	ddition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	5.4 CITY-ST-ZIP 6.1 TITLE	☐ Change ☐ Ac	ddition
NAME			6.2 NAME	المراسية الموادية المارية الما	
STREET ADDRESS			6.3 STREET ADDRESS		
1			3.5 5.1.221 (4551.00)		ļ

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. STEVE BRODICT SIGNATURE: