


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90078 025 ****61.25

DOCUMENT # N93000000640 1. Entity Name FLAGLER COVE HOMEOWNERS ASSOCIATION, INC.	
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Principal Place of Business 1601-1607 FLAGLER BLVD. LAKE PARK, FL 33403 US	Mailing Address 1603 FLAGLER BLVD. LAKE PARK, FL 33403 US
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DO NOT WRITE IN THIS SPACE



01112005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0477559	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LYNN-DESTACHE, CONNIE
1607 FLAGLER BLVD
LAKE PARK, FL 33403

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IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TERRY, PHIL 1603 FLAGLER BLVD. LAKE PARK, FL 33403
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LYNN-DESTACHE, CONNIE 1607 FLAGLER BLVD. LAKE PARK, FL 33403
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WEXLER, ANITA 1601 FLAGLER BLVD LAKE PARK, FL 33403
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SCHIRLE, JOHN 1605 FLAGLER BLVD. LAKE PARK, FL 33403
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Phil Terry Wexler (pres) 4/12/05 561 848-6834

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #