

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N95000002486 (7)**

1. Corporation Name

FLAMINGO VILLAGE HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business: 3320 W. HWY. 30-A SANTA ROSA BEACH FL 32459
Mailing Address: 3320 W. HWY. 30-A SANTA ROSA BEACH FL 32459

3. Date Incorporated or Qualified: **05/25/1995**
3a. Date of Last Report

21	2. Principal Place of Business	2a. Mailing Address	26	4. FEI Number	59-3324329	Applied For	Not Applicable
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.	27	5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required	
23	City & State	City & State	28	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees	
24	Zip	Country	29	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

**KRAEMER, MARY K
727 HWY. 98 EAST
DESTIN FL 32540**

10. Name and Address of New Registered Agent

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: _____ DATE: _____
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	DV	1.2 NAME	
STREET ADDRESS	MATHEWS, MAX	1.3 STREET ADDRESS	
CITY-ST-ZIP	3320 W. HWY. 30-A SANTA ROSA BEACH FL 32459	1.4 CITY-ST-ZIP	
TITLE	NAME	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	DP	2.2 NAME	
STREET ADDRESS	RAY, JAMES E	2.3 STREET ADDRESS	
CITY-ST-ZIP	285 GULF SHORE DR. SANTA ROSA BEACH FL 32459	2.4 CITY-ST-ZIP	
TITLE	NAME	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	DS	3.2 NAME	
STREET ADDRESS	SCOTT, MARY F	3.3 STREET ADDRESS	
CITY-ST-ZIP	285 GULF SHORE DR. SANTA ROSA BEACH FL 32459	3.4 CITY-ST-ZIP	
TITLE	NAME	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	DT	4.2 NAME	
STREET ADDRESS	GEREN, KAREN L	4.3 STREET ADDRESS	
CITY-ST-ZIP	3320 W. HWY. 30-A SANTA ROSA BEACH FL 32459	4.4 CITY-ST-ZIP	
TITLE	NAME	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	XXXXXXXXXXXXXXXXXXXX	5.2 NAME	Assistant Secretary
STREET ADDRESS	XXXXXXXXXXXXXXXXXXXX	5.3 STREET ADDRESS	Catherine Fawcett
CITY-ST-ZIP	XXXXXXXXXXXXXXXXXXXX	5.4 CITY-ST-ZIP	P.O. BOX 655-Rt. 2 Box 330 "G"
TITLE	NAME	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	XXXXXXXXXXXXXXXXXXXX	6.2 NAME	Freeport, FL 32439-0655
STREET ADDRESS	XXXXXXXXXXXXXXXXXXXX	6.3 STREET ADDRESS	
CITY-ST-ZIP	XXXXXXXXXXXXXXXXXXXX	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: DATE: **3/31/96**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **CATHERINE FAWCETT, Assistant Secretary** Daytime Phone #: **904-835-4698**
904-654-3415

CR2E037 (12/95)