

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000002486 (7)
1. Corporation Name
FLAMINGO VILLAGE HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business 3320 W HWY 30-A SANTA ROSA BEACH FL 32459-4593	Mailing Address 3320 W HWY 30-A SANTA ROSA BEACH FL 32459-4593
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3. Date Incorporated or Qualified
05/25/1995

4. FEI Number 59-3324329	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State 23	City & State 27
Zip 24	Zip 29
Country 25	Country 30

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

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

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 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
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	MATHEWS, MAX	
STREET ADDRESS	3320 W. HWY 30-A	
CITY-ST-ZIP	SANTA ROSA BEACH FL 32459	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	RAY, JAMES E	
STREET ADDRESS	285 GULF SHORE DR	
CITY-ST-ZIP	SANTA ROSA BEACH FL 32459	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SCOTT, MARY F	
STREET ADDRESS	285 GULF SHORE DR	
CITY-ST-ZIP	SANTA ROSA BEACH FL 32459	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	HAIR, BRENDA	
STREET ADDRESS	164 WHITE HERON DRIVE	
CITY-ST-ZIP	SANTA ROSA BEACH FL 32459	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	FAWCETT, CATHERINE	
STREET ADDRESS	RT 2 BOX 330 'G'	
CITY-ST-ZIP	FREERPORT FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	CROMARITE, JOEL B	
STREET ADDRESS	139 OAKLAWN DRIVE	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL 32433	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	AS Fawcett, Catherine
5.3 STREET ADDRESS	1118 Black Creek Blvd.
5.4 CITY-ST-ZIP	Freeport, FL 32439
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 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.

SIGNATURE: _____ **1-15-98** **RSU 585-8228**

CR2E037 (1097)