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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Feb 05 1998 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #

N95000002486 (7)

FLAMINGO VILLAGE HOMEOWNERS' ASSOCIATION, INC.

2. Principal Place of Business 22. Mailing Address 26. C/O-CPI Sulte, Apt. #, etc. Sulte, Apt. #, etc. City & State City & State Country Zip Country Zip Country Zip Country Sip RABBMER, MARY K 727 HWY 98 EAST DESTIN FL 32640 28. Mailing Address Color CPI Suite, Apt. #, etc. Suite, Apt.	pplicable iitlonal red / Be ses
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27 P.O. BOX 655 Trust Fund Contribution Added to Ference City & State 28 Freeport, FL Zip Country 29 20 3 2 4 3 9 - 0 6 5 5 30 Walton 9. Name and Address of Current Registered Agent KRAEMER, MARY K 727 HWY 98 EAST DESTIN FL 32540 7. Is this nonprofit corporation a homeowners association? Added to Ference City & State 7. Is this nonprofit corporation was or has paid the current year Intanging and the current year Intanging and the current of the current year Intanging and the current of the current year Intanging and the current year Intan	pible
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Zip Country Zip Country 8. This corporation owes or has paid the current year Intanging 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 81 Name 82 Street Address (P.O. Box Number Is Not Acceptable) 83 East City FL 85 Zip Code	o
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727 HWY 98 EAST DESTIN FL 32540 84 City FL 85 Zip Code	
727 HWY 98 EAST DESTIN FL 32540 84 City FL 85 Zip Code	
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 re-	
office or registered event, or both. In the State of Florida, Such change was authorized by the corporation's hoard of directors. I hereby accept the appointment as regis	gistered
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 re-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.	istorou
SIGNATURE	
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	1 12
	Addition
NAME MATHEWS, MAX 1.2 NAME	
STREET ADDRESS 3320 W. HWY 30-A 1.3 STREET ADDRESS	
CITY-ST-ZIP SANTA ROSA BEACH FL 32459 1.4 CITY-ST-ZIP	
	Addition
NAME RAY, JAMES E 22 NAME	
STREET ADDRESS 285 GULF SHORE DR 2.3 STREET ADDRESS	
CITY-ST-ZIP SANTA ROSA BEACH FL 32459 2.4 CITY-ST-ZIP	
	Addition
NAME SCOTT, MARY F 3.2 NAME	
STREET ADDRESS 285 GULF SHORE DR 3.3 STREET ADDRESS	
CITY-ST-ZIP SANTA ROSA BEACH FL 32459 3.4. CITY-ST-ZIP	1
	Addition
NAME HAIR, BRENDA 4.2 NAME	ļ
STREET ADDRESS 164 WHITE HERON DRIVE 4.3 STREET ADDRESS	
CITY-ST-ZIP SANTA ROSA BEACH FL 32459 4.4 CITY-ST-ZIP TITLE AS DELETE 5.1 TITLE AS X Change	Addition
110	1 Magniton
NAME FAWCETT, CATHERINE 52 NAME Fawcett, Catherine 53 STREET ADDRESS RT 2 BOX 330 "G" 53 STREET ADDRESS 1118 Black Creek Blvd.	
PREPART III	
CITY-ST-ZIP FHEEPUHI FL	l
	Addition
TITLE VD DELETE 6.1 TITLE Change	Addition
	Addition

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 expowered 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 the receiver of the corporation of the receiver of the corporation of the receiver of trustee expowered 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 the receiver of the corporation of the receiver of the corporation of the receiver of trustee expowered 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 the receiver of trustee expowered 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 the receiver of trustee expowered 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 the receiver of trustee expowered to execute this report as required by Chapter 617, Florida Statutes.