

FILE NOW: FILING FEE IS \$61.25

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Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90013 046 ****61.25

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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N95000002486

1. Corporation Name
FLAMINGO VILLAGE HOMEOWNERS' ASSOCIATION, INC.

116013-90013-46



Principal Place of Business
 3320 W HWY 30-A
 SANTA ROSA BEACH FL 32459-4593

Mailing Address
 C/O CPI
 P O BOX 655
 FREEPORT FL 32439-655
 US

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/25/1995	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3324329	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country		

9. Name and Address of Current Registered Agent				10. Name and Address of New 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			
				84	City	FL	85

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	D	<input type="checkbox"/> DELETE		1.1 TITLE	VD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MATHEWS, MAX			1.2 NAME	MATHEWS, MAX		
STREET ADDRESS	3320 W. HWY 30-A			1.3 STREET ADDRESS	3320 W. Hwy. 30-A		
CITY-ST-ZIP	SANTA ROSA BEACH FL 32459			1.4 CITY-ST-ZIP	SANTA ROSA BEACH, FL 32459		
TITLE	PD	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RAY, JAMES E			2.2 NAME			
STREET ADDRESS	285 GULF SHORE DR			2.3 STREET ADDRESS			
CITY-ST-ZIP	SANTA ROSA BEACH FL 32459			2.4 CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> DELETE		3.1 TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SCOTT, MARY F			3.2 NAME	SCOTT, MARY F.		
STREET ADDRESS	285 GULF SHORE DR			3.3 STREET ADDRESS	285 Gulf Shores Drive		
CITY-ST-ZIP	SANTA ROSA BEACH FL 32459			3.4 CITY-ST-ZIP	Santa Rosa Beach, FL 32459	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
TITLE	SD	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	TD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	HAIR, BRENDA			4.2 NAME	Rosemary Foglia		
STREET ADDRESS	164 WHITE HERON DRIVE			4.3 STREET ADDRESS	82 White Heron Drive		
CITY-ST-ZIP	SANTA ROSA BEACH FL 32459			4.4 CITY-ST-ZIP	Santa Rosa Beach, FL 32459	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
TITLE	AS	<input type="checkbox"/> DELETE		5.1 TITLE	SD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	FAWCETT, CATHERINE			5.2 NAME	Ronald D. Lucas		
STREET ADDRESS	1118 BLACK CREEK BLVD			5.3 STREET ADDRESS	105 White Heron Drive		
CITY-ST-ZIP	FREEPORT FL 32439			5.4 CITY-ST-ZIP	Santa Rosa Beach, FL 32459	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	VD	<input checked="" type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CROMARITE, JOEL B			6.2 NAME			
STREET ADDRESS	139 OAKLAWN DRIVE			6.3 STREET ADDRESS			
CITY-ST-ZIP	DEFUNIAK SPRINGS FL 32433			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, with all other like empowered.

SIGNATURE: *[Signature]* 1/16/99 850-585-8238
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)