

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000002486

1. Entity Name

FLAMINGO VILLAGE HOMEOWNERS' ASSOCIATION, INC.

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90918 039 ****61.25

Principal Place of Business

Mailing Address

3320 W HWY 30-A
 SANTA ROSA BEACH FL 32459-4593

GPO-CPI
 P.O. BOX 655
 FREEPORT FL 32439-0655
 US

2. Principal Place of Business

3. Mailing Address

P.O. Box 540

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
 Freeport, Florida

4. FEI Number

59-3324329

Applied For

Not Applicable

Zip

Country

Zip
 32439

Country
 USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KRAEMER, MARY K
~~727 HWY 98 EAST~~
 DESTIN FL 32540

New address →

Name

Street Address (P.O. Box Number is Not Acceptable)
 36474 Emerald Coast Pkwy #4101

City
 Destin FL

FL

Zip Code
 32541

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
 FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
 Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" 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	TD	<input type="checkbox"/> Delete
NAME	FOGLIA, ROSEMARY	
STREET ADDRESS	82 WHITE HERON DR	
CITY-ST-ZIP	SANTA ROSA BEACH FL 32459	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	FAWCETT, CATHERINE	
STREET ADDRESS	1118 BLACK CREEK BLVD	
CITY-ST-ZIP	FREEPORT FL 32439	
TITLE	SD	<input type="checkbox"/> Delete
NAME	LUCAS, RONALD D	
STREET ADDRESS	105 WHITE HERON DR	
CITY-ST-ZIP	SANTA ROSA BEACH FL 32459	

TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert Smith	
STREET ADDRESS	701 Anchor Street	
CITY-ST-ZIP	Fort Walton Bch. FL 32548	
TITLE	Assistant Sec.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Diane Riley	
STREET ADDRESS	1129 E. Hwy 83A	
CITY-ST-ZIP	Freeport FL 32439	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/00
 Date

Daytime Phone #

CR2E037 (9/99)