

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2001 08:00 AM**  
**Secretary of State**

**DOCUMENT # N95000002486**

1. Entity Name  
**FLAMINGO VILLAGE HOMEOWNERS' ASSOCIATION, INC.**

Principal Place of Business 3320 W HWY 30-A  SANTA ROSA BEACH FL 324594593	Mailing Address PO BOX 540  FREEPORT FL 32439655
---	---

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address PO BOX 540 Suite, Apt. #, etc.
---	---

City & State FREEPORT FL	4. FEI Number <b>59-3324329</b>	Applied For <input type="checkbox"/> Not Applicable
-----------------------------	------------------------------------	--

Zip 324390540	Country US	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
------------------	---------------	---

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**  
**KRAEMER MARY K**  
**36474 EMERALD COAST PKWY, #4101**  
  
**DESTIN FL**  
**32541 US**

**7. Name and Address of New Registered Agent**  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
  
City **FL** Zip Code

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 \_\_\_\_\_ DATE **05/16/2001**  
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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LUCAS RONALD D 105 WHITE HERON DR SANTA ROSA BEACH FL 32459 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS RILEY DIANE 1129 C. HWY 83A FREEPORT FL 32439 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FOGLIA ROSEMARY 82 WHITE HERON DR SANTA ROSA BEACH FL 32459 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SCOTT MARY F 285 GULF SHORE DR SANTA ROSA BEACH FL 32459 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RAY JAMES E 285 GULF SHORE DR SANTA ROSA BEACH FL 32459 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SMITH ROBERT 701 ANCHOR ST. FORT WALTON BEACH FL 32548 <input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** Diane Riley AS 05/16/2001  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

CR2E037 (11/00)