

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N95000002486

FILED  
May 20, 2002 8:00 AM  
Secretary of State

Entity Name: FLAMINGO VILLAGE HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

3320 W HWY 30-A  
SANTA ROSA BEACH, FL 324594593

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 540  
FREEPORT, FL 324390540 US

**New Mailing Address:**

FEI Number: 59-3324329      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KRAEMER, MARY K  
36474 EMERALD COAST PKWY, #4101  
DESTIN, FL 32541 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: V ( ) Delete  
Name: SMITH, ROBERT  
Address: 701 ANCHOR ST.  
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: PD ( ) Delete  
Name: RAY, JAMES E  
Address: 285 GULF SHORE DR  
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: TD ( ) Delete  
Name: SCOTT, MARY F  
Address: 285 GULF SHORE DR  
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: TD ( ) Delete  
Name: FOGLIA, ROSEMARY  
Address: 82 WHITE HERON DR  
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: AS ( ) Delete  
Name: RILEY, DIANE  
Address: 1129 C. HWY 83A  
City-St-Zip: FREEPORT, FL 32439

Title: SD ( ) Delete  
Name: LUCAS, RONALD D  
Address: 105 WHITE HERON DR  
City-St-Zip: SANTA ROSA BEACH, FL 32459

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DIANE RILEY

AS

05/20/2002

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date