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06-18-2003 90023 019 ****61.25

**2003 NOT-FOR-PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N9500002486			
1. Entity Name FLAMINGO VILLAGE HOMEOWNERS' ASSOCIATION, INC.			
Principal Place of Business 3320 W HWY 30-A SANTA ROSA BEACH, FL 32459-4593		Mailing Address PO BOX 540 FREEPORT, FL 32439-0540 US	
2. Principal Place of Business 50 Uptown Clayton Cir Suite, Apt. #, etc. #15		3. Mailing Address Suite, Apt. #, etc.	
City & State Santa Rosa Beach FL		City & State	
Zip 32459		Country USA	
4. FEI Number 59-3324328		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent KRAEMER, MARY K 38474 EMERALD COAST PKWY, #101 DESTIN, FL 32841		Name and Address of New Registered Agent Name Brad Conleton Street Address (P.O. Box Number & Not Acceptable) 50 Uptown Clayton Circle #15 City Santa Rosa Beach FL Zip Code 32459	
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE  Brad Conleton		DATE 6/16/03	
FILE NOW! FREE 15-561-25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make (Check) Payable to Florida (Department) of State			
10. OFFICERS AND DIRECTORS			
TITLE	V	<input checked="" type="checkbox"/> Delete	
NAME	SMITH, ROBERT		
STREET ADDRESS	701 ANCHOR ST.		
CITY-ST-ZIP	FORT WALTON BEACH, FL 32540		
TITLE	PD	<input checked="" type="checkbox"/> Delete	
NAME	RAY, JAMES E		
STREET ADDRESS	285 GULF SHORE DR		
CITY-ST-ZIP	SANTA ROSA BEACH, FL 32459		
TITLE	TD	<input checked="" type="checkbox"/> Delete	
NAME	SCOTT, MARY F		
STREET ADDRESS	285 GULF SHORE DR		
CITY-ST-ZIP	SANTA ROSA BEACH, FL 32459		
TITLE	TD	<input checked="" 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	RILEY, DIANE		
STREET ADDRESS	1129 C. HWY 83A		
CITY-ST-ZIP	FREEPORT, FL 32439		
TITLE	SD	<input checked="" type="checkbox"/> Delete	
NAME	LUCAS, RONALD D		
STREET ADDRESS	106 WHITE HERON DR		
CITY-ST-ZIP	SANTA ROSA BEACH, FL 32459		
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	EDWARD COWEN D		
STREET ADDRESS	P.O. BOX 0478		
CITY-ST-ZIP	DESTIN FL 32550		
TITLE	VP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	JAMES E RAY		
STREET ADDRESS	285 GULF SHORE DR STEA		
CITY-ST-ZIP	SANTA ROSA BEACH FL 32459		
TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BRAD CONLETON D		
STREET ADDRESS	254 WHITE HERON DR		
CITY-ST-ZIP	SANTA ROSA BEACH FL 32459		
TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MARY SCOTT		
STREET ADDRESS	P.O. BOX 1189		
CITY-ST-ZIP	SANTA ROSA BEACH FL 32459		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(X), Florida Statutes. I further certify that the information indicated on this report or supplement thereto 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 have been empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Book 10 of Book 114 changed, or on an attachment with full address, unless otherwise empowered.			
SIGNATURE:  BRAD CONLETON		DATE 6/16/03	
SIGNATURE FOR ALL TITLES OR PART OF TITLES OF FORMING OFFICER OR DIRECTOR		DUPLICATE FEE \$30 231-0599	

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CHECK HERE IF MAKING CHANGES

CPREC037 (10/02)