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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # N98000000926

1. Corporation Name
FLAGLER ESTATES CIVIC ASSOCIATION, INC.

560548 - 90069 - 15

Principal Place of Business	Mailing Address
4500 FLAGLER ESTATES BOULEVARD HASTINGS FL 32145	P.O. BOX 1212 HASTINGS FL 32145

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip / Country [25]

2a. Mailing Address
[26] P.O. Box 1212
Suite, Apt. #, etc. [27]
City & State [28] Hastings FL
Zip [29] 32145 Country [30] ST Johns

3. Date Incorporated or Qualified
02/17/1998

4. FEI Number
65-0819053
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

GILBERT, GRADY
4500 FLAGLER ESTATES BLVD.
HASTINGS FL 32145

Joyce H DuPont

10. Name and Address of New Registered Agent

[81] Name: Joyce H Dupont
[82] Street Address (P.O. Box Number is Not Acceptable): 499 Mill St.
[83]
[84] City: East Palatka, Fl. [85] FL Zip Code: 32131

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: Joyce H Dupont President Joyce H Dupont 5/20/99
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☒ DELETE	1.1 TITLE	President	☒ Change ☐ Addition
NAME	GILBERT, GRADY		1.2 NAME	Joyce H Dupont	
STREET ADDRESS	4500 FLAGLER ESTATES BOULEVARD		1.3 STREET ADDRESS	499 Mill St	
CITY-ST-ZIP	HASTINGS FL 32145		1.4 CITY-ST-ZIP	East Palatka,Fl. 32131	
TITLE	V	☐ DELETE	2.1 TITLE	V Tobey, Helen	☒ Change ☐ Addition
NAME	DUPONT, JOYCE		2.2 NAME	499 Mill St	
STREET ADDRESS	4500 FLAGLER ESTATES BOULEVARD		2.3 STREET ADDRESS	East Palatka,Fl. 32131	
CITY-ST-ZIP	HASTINGS FL 32145		2.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	3.1 TITLE	S Carter Katheleen	☒ Change ☐ Addition
NAME	TOBEY, HELEN		3.2 NAME	499 Mill St	
STREET ADDRESS	4500 FLAGLER ESTATES BOULEVARD		3.3 STREET ADDRESS	East Palatka, Fl. 32131	
CITY-ST-ZIP	HASTINGS FL 32145		3.4 CITY-ST-ZIP		
TITLE	T	☒ DELETE	4.1 TITLE	~~T Flikkema Margaret J~~	☒ Change ☒ Addition
NAME	FLIKKEMA, MARGARET J		4.2 NAME	Doris Boone	
STREET ADDRESS	4500 FLAGLER ESTATES BOULEVARD		4.3 STREET ADDRESS	499 Mill At.	
CITY-ST-ZIP	HASTINGS FL 32145		4.4 CITY-ST-ZIP	East Palatka,Fl. 32131	
TITLE	C	☒ DELETE	5.1 TITLE	S D	X ☐ Change ☐ Addition
NAME	LAKE, CLIFFORD R		5.2 NAME	Doris Boone	
STREET ADDRESS	4500 FLAGLER ESTATES BLVD.		5.3 STREET ADDRESS	499 Mill St	
CITY-ST-ZIP	HASTINGS FL 32145		5.4 CITY-ST-ZIP	East Palatka,Fl. 32131	
TITLE	DS	☒ DELETE	6.1 TITLE	P D	X ☐ Change ☐ Addition
NAME	FOUTZ, SHIRLEY		6.2 NAME	Smallwood Gail	
STREET ADDRESS	4500 FLAGLER ESTATES BLVD.		6.3 STREET ADDRESS	499 Mill St.	
CITY-ST-ZIP	HASTINGS FL 32145		6.4 CITY-ST-ZIP	East Palatka,Fl. 32131	

CR2E037 (11/98)

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: Joyce H Dupont 4/29/99 904-692-1846
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #