

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P92000008816 (0)

1. Corporation Name

FLAGLER BY THE SEA RESORTS INC.

APPROVED
AND
FILED

95 APR 18 PM 5:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

2881 N. OCEANSHORE BLVD.
FLAGLER BEACH FL 32136

P O BOX 307
FLAGLER BEACH FL 32136

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/30/1992

3a. Date of Last Report

03/23/1994

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-3151909

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

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MATLSON, ANDREW G.
442 S. CENTRAL AVE.
FLAGLER BEACH FL 32136

81

Name

RAYMOND C. PECORA

82

Street Address (P.O. Box Number is Not Acceptable)

69 CHRISTOPHER CT

83

City

PALM COAST, FL.

FL

85

Zip Code

32136

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Raymond C. Pecora

NOTE: Registered Agent signature required when transferring.

4-12-95

DATE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	PECORA, RAYMOND C
STREET ADDRESS	69 CHRISTOPHER CT.
CITY ST ZIP	PALM COAST FL
TITLE	V
NAME	PECORA, EMILY M
STREET ADDRESS	69 CHRISTOPHER CT
CITY ST ZIP	PALM COAST FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY ST ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY ST ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY ST ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY ST ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY ST ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Raymond C. Pecora President

3-28-95

DATE

914-479-2124

Telephone Number