

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90207 032 ***150.00

DOCUMENT # P92000008816

1. Corporation Name

FLAGLER BY THE SEA RESORTS INC.

Principal Place of Business

2981 N. OCEANSHORE BLVD.
FLAGLER BEACH FL 32136

Mailing Address

P.O. BOX 1970
FLAGLER BEACH FL 32136
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/30/1992

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

RAYMOND C PECORA
2982 N. OCEAN SHORE BLVD
FLAGLER BEACH FL 32136

10. Name and Address of New Registered Agent

81 Name Robert M. Barnes, Esq
82 Street Address (P.O. Box Number is Not Acceptable)
X 1843 Atlantic Blvd
83 X Tax 21.
84 City FL 85 Zip Code 32207

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	PECORA, RAYMOND C	
STREET ADDRESS	2982 N. OCEANSHORE BLVD.	
CITY-ST-ZIP	FLAGLER BEACH FL 32136	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	PECORA, EMILY M	
STREET ADDRESS	69 CHRISTOPHER CT	
CITY-ST-ZIP	PALM COAST FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	X President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MARK W. KRAMP	
1.3 STREET ADDRESS	2981 N. Ocean Shore Blvd.	
1.4 CITY-ST-ZIP	Flagler Beach FL 32136	
2.1 TITLE	X V. Robert M. Barnes	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	2981 N. Ocean Shore Blvd.	
2.3 STREET ADDRESS	Flagler Beach FL 32136	
2.4 CITY-ST-ZIP		
3.1 TITLE	E.W. KRAMP SEC/TREAS.	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	2981 N. OCEANSHORE BLVD	
3.3 STREET ADDRESS	Flagler Beach, FL 32136	
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 607, 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:

Mark W. Kramp
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

3-4-99

Date

1-800-434-2124

Daytime Phone #

MARK W. KRAMP

CR2E034 (11/98)