FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -1 AM 11:20

DOCUMENT # P94000009022 (2)

1. Corporation Name
FLAGLER MANOR DEVELOPMENT COMPANY, INC.

Principal Place of Business	Mailing Address
4500 PGA BLVD. SUITE 400 PALM BEACH GARDENS FL 33418	4500 PGA BLVD. SUITE 400 PALM BEACH GARDENS FL 33418

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/03/1994
3a. Date of Last Report:
4. FEI Number: 65-0465887 ☐ 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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

DIVOSTA, OTTO B
4500 PGA BLVD.
SUITE 400
PALM BEACH GARDENS FL 33418

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	P ☐ Change ☒ Addition
NAME	DIVOSTA, OTTO B	1.2 NAME	Charles H. Hathaway
STREET ADDRESS	4500 PGA BLVD., SUITE 400	1.3 STREET ADDRESS	4500 PGA Blvd., Suite 400
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	1.4 CITY-ST-ZIP	Palm Beach Gardens, FL 33418
TITLE		2.1 TITLE	V ☐ Change ☒ Addition
NAME		2.2 NAME	Robert S. Kairalla
STREET ADDRESS		2.3 STREET ADDRESS	4500 PGA Blvd., Suite 400
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Palm Beach Gardens, FL 33418
TITLE		3.1 TITLE	V ☐ Change ☒ Addition
NAME		3.2 NAME	Jack B. Owen, Jr.
STREET ADDRESS		3.3 STREET ADDRESS	4500 PGA Blvd., Suite 400
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Palm Beach Gardens, FL 33418
TITLE		4.1 TITLE	ST ☐ Change ☒ Addition
NAME		4.2 NAME	William E. Shannon
STREET ADDRESS		4.3 STREET ADDRESS	4500 PGA Blvd., Suite 400
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Palm Beach Gardens, FL 33418
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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 attached sheet, with an address.

SIGNATURE: Otto B. DiVosta 1-20-95 (407) 627-2112
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0254084 CP