

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # P97000105579

1. Entity Name
FLAMINGO BAY RESORT, INC.



Principal Place of Business
**7655 W NEWCASTLE CT
DUNNELLON, FL 34433 US**

Mailing Address
**7655 W NEWCASTLE CT
SUITE 2
DUNNELLON, FL 34433 US**



02062008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3481220

| |
|----------------|
| Applied For |
| Not Applicable |

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

6. Name and Address of Current Registered Agent

**LOVELACE, WILLIAM K
2310 WEST BAY DRIVE
LARGO, FL**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

(NOTE: Registered Agent signature required when reissuing)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**U00000928849
05/21/08-80046-005 150.00**

10. OFFICERS AND DIRECTORS

| | |
|-----------------|-----------------------|
| TITLE | P |
| NAME | GRANKE, ERNEST |
| STREET ADDRESS | 7655 W. NEWCASTLE CT. |
| CITY - ST - ZIP | DUNNELLON, FL 34433 |

| | |
|-----------------|-----------------------|
| TITLE | VP |
| NAME | GRANKE, WINONA |
| STREET ADDRESS | 7655 W. NEWCASTLE CT. |
| CITY - ST - ZIP | DUNNELLON, FL 34433 |

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Winona M. Granke
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/08
Date

(352) 795-3766
Daytime Phone #