

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 22, 2008 8:00 am
Secretary of State

02-22-2008 90021 004 ****61.25

DOCUMENT # 724822

1. Entity Name

FLAMINGO LAKE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

FLAMINGO LAKE HOMEOWNERS ASSOCIATION P.O. BOX 4592
P.O. BOX 4592
HIALEAH FL 33014
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number

59-2466382

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOLLINSWORTH, BOBBY
1644 W 74 ST
HIALEAH FL 33014

Name Douglas Lepak
Street Address (P.O. Box Number is Not Acceptable)
1647 W 72 St
City Hialeah FL Zip Code 33014

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 is required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	HOLLINGSWORTH, BOBBY	
STREET ADDRESS	1644 W 74TH ST	
CITY-STATE-ZIP	HIALEAH FL 33014	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BARQUIN, FRANCISCO	
STREET ADDRESS	1770 W 75ST	
CITY-STATE-ZIP	HIALEAH FL 33014	
TITLE	TD	<input type="checkbox"/> Delete
NAME	LEPAK, DOUGLAS	
STREET ADDRESS	1647 W 72 ST.	
CITY-STATE-ZIP	HIALEAH FL 33014	
TITLE	S	<input type="checkbox"/> Delete
NAME	VARGAS, JOSEPH A	
STREET ADDRESS	7475 W 18 AVE	
CITY-STATE-ZIP	HIALEAH FL 33014	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Warren Clark	
STREET ADDRESS	1665 W 72 ST	
CITY-STATE-ZIP	Hialeah, FL 33014	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE	B	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mario Font	
STREET ADDRESS	7401 W 18 Ave	
CITY-STATE-ZIP	Hialeah FL 33014	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 617, 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:

Douglas F Lepak

Douglas F Lepak

2/2/08

305,591,7421