## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 07, 2005 8:00 am Secretary of State

DOCUMENT # 757126  1. Entity Name FLAMINGO VILLAS ASSOCIATION, INC.							~	03-07-2005	_	0 ****61.	.25
1050 N.W. 123RD TERR. 105			ing Address 50 N.W. 123RD TERR. MBROKE PINES, FL 33026			l					
2. Principal P	lace of Business	3. Mail	ing Address		<del></del> ,						
Suite, Apt. #, etc.		Sui	Suite, Apt. #, etc.				02082005	Chg-NP	CR2E03	7 (10/03)	
City & State	e	Cir	y & State		-		4. FEI Numbe 59-2126	258	<del></del>		plied For Applicable
Zip	Country	Zìp	)	Cou	ntry			of Status Desired		\$8.75 Add	itional
	6. Name and Address of Curr	ent Registere	d Agent	L			7. Name and	Address of New			<u> </u>
TRIAY, CARLOS A					Name						
TRIAY, CARLOS A 10570 NW 27 ST			Street Address			ddress (l	P.O. Box Numbe	r is Not Acceptat	ole)		
STE 103 MIAMI, FL	33172			1							
1010 1100, 1 2	00172			`	City			÷	FL	Zip Code	,
	named entity submits this statemer	nt for the purp	ose of changing its	registere	d office or	register	ed agent, or bot	h, in the State of I	Florida. Iam i	amiliar with,	and accept
rie obligat	ions of registered agent.		•								
									,		
SIGNATURE.		<del></del>									<del></del>
SIGNATURE.	Signature, typed or printed name of registered a	gent and title if app	Acabie. (NOT)	E: Registered	l Agent signati	nte technied	when reinstating)		DATE		
SIGNATURE .	Signature, typed or printed name of registered a	gent and little if app	9. Election Car Trust Fund (	npaign Fi	nancing	ure rectured	\$5.00 May B	B	DATE Make chock orida Deper		
SIGNATURE .	Signature, typed or printed name of registered a		9. Election Car	npaign Fi	nancing	0	\$5.00 May B	RANGES TO OFFIC	Meko checi orida Doper	tment of 61	late
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12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 charged, or on an attachment with an address, with all other like empowered.

SIGNATURE:

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-9-05

954-432-1128

Daylyne Phone #