


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

03-07-2005 90257 040 ****61.25

| | | | | | |
|---|---------------------------------|---|--|---|--|
| DOCUMENT # 757126 1. Entity Name FLAMINGO VILLAS ASSOCIATION, INC. | | | |  | |
| Principal Place of Business 1050 N.W. 123RD TERR. PEMBROKE PINES, FL 33026 | | | Mailing Address 1050 N.W. 123RD TERR. PEMBROKE PINES, FL 33026 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 59-2126258 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| TRIAY, CARLOS A 10570 NW 27 ST STE 103 MIAMI, FL 33172 | | | | Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____ | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE | PD | <input type="checkbox"/> Delete | TITLE | V.P.D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BELIN, JONATHAN L | | NAME | | |
| STREET ADDRESS | 1383 NW 122 TERR | | STREET ADDRESS | | |
| CITY-ST-ZIP | PEMBROKE PINES, FL 33026 | | CITY-ST-ZIP | | |
| TITLE | STD | <input type="checkbox"/> Delete | TITLE | P.D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | VOYLES, JULIA | | NAME | | |
| STREET ADDRESS | 1285 NW 122 TR | | STREET ADDRESS | | |
| CITY-ST-ZIP | PEMBROKE PINES, FL 33026 | | CITY-ST-ZIP | | |
| TITLE | VPD | <input type="checkbox"/> Delete | TITLE | STD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KAPLAN, SHIRLEY R | | NAME | | |
| STREET ADDRESS | 12338 NW 13 CT | | STREET ADDRESS | | |
| CITY-ST-ZIP | PEMBROKE PINES, FL 33026 | | CITY-ST-ZIP | | |
| TITLE | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| 12. 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 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: <i>Julia Voyles</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | 2-9-05 954-432-1128 <small>Date Daytime Phone #</small> | | |