

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

95 JUN - 8 AM 9:48

**DOCUMENT # 770545 (2)**

1. Corporation Name

**FLAMINGO CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

11125 N.W. 62ND AVE.  
HIALEAH FL 33012

11125 N.W. 62ND AVE.  
HIALEAH FL 33012

DO NOT WRITE IN THIS SPACE

3. Data Incorporated or Qualified 10/03/1983  
3a. Date of Last Report 04/20/1994

4. FEI Number 59-2810402  
Applied For Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

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

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~DELATORRE, CLEMENTE L  
11125 N.W. 62ND AVENUE  
HIALEAH FL 33012~~

81 Name **PEDRO M. GALLINAR**  
82 Street Address (P.O. Box Number is Not Acceptable) **1482 W. 49 ST**  
83  
84 City **HIALEAH FL** 85 Zip Code **33012**

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 Pedro M. Gallinar - **PEDRO M. GALLINAR, ACCOUNTANT 6-02-95**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD**  
NAME **BATISTA, ELADIO**  
STREET ADDRESS **6239 WEST 24TH AVE., #206**  
CITY - ST - ZIP **HIALEAH FL 33016**

1.1 TITLE  Change  Addition  
1.2 NAME **ROLANDO RAMON**  
1.3 STREET ADDRESS **6275 N. 24 AVE**  
1.4 CITY - ST - ZIP **HIALEAH FL 33016**

TITLE **VD**  
NAME **LEAL, BELKYS I**  
STREET ADDRESS **1373 WEST 43RD PLACE**  
CITY - ST - ZIP **HIALEAH FL 33012**

2.1 TITLE  Change  Addition  
2.2 NAME **ZORAIDA C. SANTOS**  
2.3 STREET ADDRESS **9561 FOUNTAIN BLVD. #514**  
2.4 CITY - ST - ZIP **MIAMI FL 33172**

TITLE **TD**  
NAME **FERRER, JUAN**  
STREET ADDRESS **6267 WEST 24TH AVE., #203**  
CITY - ST - ZIP **HIALEAH FL 33016**

3.1 TITLE  Change  Addition  
3.2 NAME **CARLOS PINOS**  
3.3 STREET ADDRESS **6231 W. 24 AVE #201**  
3.4 CITY - ST - ZIP **HIALEAH FL 33016**

TITLE **SD**  
NAME **MENA, DAVID**  
STREET ADDRESS **6267 WEST 24TH AVE. #202**  
CITY - ST - ZIP **HIALEAH FL 33016**

4.1 TITLE  Change  Addition  
4.2 NAME **DAVID MENA**  
4.3 STREET ADDRESS **6267 W. 24 AVE #202**  
4.4 CITY - ST - ZIP **HIALEAH FL 33016**

TITLE **DD**  
NAME **DELGADO, FRANCISCO**  
STREET ADDRESS **6267 WEST 24TH AVE., #104**  
CITY - ST - ZIP **HIALEAH FL 33016**

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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 110.07(3)(4), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [Signature]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**6-02-95**  
Date Daytime Phone #