


**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Aug 22 1997 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

**DOCUMENT #** 770545  
 1. Corporation Name  
**Flamingo Condominium Association, Inc.**

Principal Place of Business <b>6207W 24 Ave apt 105-9 Hialeah, FL 33016</b>	Mailing Address <b>P.O. BOX 160104 Hialeah, FL 33016</b>
--	---

<b>21</b> 2. Principal Place of Business	<b>26</b> 2a. Mailing Address
<b>22</b> Suite, Apt. #, etc.	<b>27</b> Suite, Apt. #, etc.
<b>23</b> City & State	<b>28</b> City & State
<b>24</b> Zip	<b>29</b> Zip
<b>25</b> Country	<b>30</b> Country

<b>3.</b> Date incorporated or Qualified	<b>3a.</b> Date of Last Report
<b>4.</b> FEI Number <b>59-2810402</b>	Applied For Not Applicable
<b>5.</b> Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>8.</b> This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**  
**Gallinar Pedro M.**  
**1432 W. 49st.**  
**Hialeah, FL 33012**

**10. Name and Address of New Registered Agent**

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City
<b>85</b> Zip Code

**11.** Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

**SIGNATURE** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ **DATE** \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	President <input type="checkbox"/> DELETE
NAME	Malgorzata M. Diego
STREET ADDRESS	6207 W 24 Ave apt 105-9
CITY-ST-ZIP	Hialeah, FL 33016
TITLE	Vice-President <input type="checkbox"/> DELETE
NAME	JUAN F. Hernandez
STREET ADDRESS	6239 W 24 Ave apt 102-1
CITY-ST-ZIP	Hialeah, FL 33016
TITLE	Secretary <input type="checkbox"/> DELETE
NAME	Ana G. Companioni
STREET ADDRESS	6251 W 24 Ave apt 205-10
CITY-ST-ZIP	Hialeah, FL 33016
TITLE	Treasurer <input type="checkbox"/> DELETE
NAME	Ricardo Canals
STREET ADDRESS	6251 W 24 Ave apt 106-10
CITY-ST-ZIP	Hialeah, FL 33016
TITLE	Director <input type="checkbox"/> DELETE
NAME	JULIA JEZCANO
STREET ADDRESS	6239 W 24 Ave apt 104-1
CITY-ST-ZIP	Hialeah, FL 33016
TITLE	Director <input type="checkbox"/> DELETE
NAME	Dioniles Velez
STREET ADDRESS	6275 W 24 Ave apt 206-4
CITY-ST-ZIP	Hialeah, FL 33016

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	Director <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	JULIA Santamaria
1.3 STREET ADDRESS	6275 W 24 Ave apt 104-4
1.4 CITY-ST-ZIP	Hialeah, FL 33016
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	700002277817
5.3 STREET ADDRESS	-08/26/97--01070--023
5.4 CITY-ST-ZIP	***61.25
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	PE
6.3 STREET ADDRESS	16.22
6.4 CITY-ST-ZIP	

**14.** I do 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 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:** Malgorzata M. Diego **0**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_ **Date** \_\_\_\_\_ **Daytime Phone #** \_\_\_\_\_

CR2E037 (9/96)