

SECTION 190.01(1)(b) AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

**NONPROFIT CORPORATION ANNUAL REPORT 1998**



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

**DOCUMENT # 770545 (2)**  
 1. Corporation Name  
**FLAMINGO CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
 6207 W. 24TH AVENUE APT. 105-9 HIALEAH FL 33016  
 P.O. BOX 160104 HIALEAH FL 33016

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

3. Date Incorporated or Qualified  
**10/03/1983**  
 4. FEI Number Applied For  
**59-2810402** Not Applicable  
 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. Is this nonprofit corporation a homeowners association?  Yes  No  
 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No



RECEIVED AND FILED  
 98 OCT 21 PM 1:57  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

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9. Name and Address of Current Registered Agent  
**GALLIMAR, PEDRO M**  
**1432 W 49TH ST**  
**HIALEAH FL 33012**  
**100002675271--6**  
**-10/29/98--01005--023**  
**\*\*\*\*\*61 25 \*\*\*\*\*61 25**

10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City **FL** 85 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		
TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>DIEGO, MALGORZATA M</b>	
STREET ADDRESS	<b>6207 W. 24 AVENUE APT. 105-9</b>	
CITY-ST-ZIP	<b>HIALEAH FL 33016</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>COMPANIONI, ANA G</b>	
STREET ADDRESS	<b>6251 W. 24TH AVENUE APT. 205-10</b>	
CITY-ST-ZIP	<b>HIALEAH FL 33016</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>CANALS, RICARDO</b>	
STREET ADDRESS	<b>6251 W. 24TH AVENUE APT. 106-10</b>	
CITY-ST-ZIP	<b>HIALEAH FL 33016</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> DELETE
NAME	<b>HERNANDEZ, JUAN I</b>	
STREET ADDRESS	<b>6239 W. 24 AVENUE APT. 102-1</b>	
CITY-ST-ZIP	<b>HIALEAH FL 33016</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>JEZCANO, JULIA</b>	
STREET ADDRESS	<b>6239 W. 24TH AVENUE APT. 104-1</b>	
CITY-ST-ZIP	<b>HIALEAH FL 33016</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>VELEZ, DIONILES</b>	
STREET ADDRESS	<b>6275 W. 24 AVE., APT. 206-4</b>	
CITY-ST-ZIP	<b>HIALEAH FL 33016</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	<b>President</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>MALGORZATA, M. DIEGO</b>	
1.3 STREET ADDRESS	<b>6207 W 24 Ave apt 105-9</b>	
1.4 CITY-ST-ZIP	<b>Hialeah, FL 33016</b>	
2.1 TITLE	<b>Vice-President</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Ana G. Companioni</b>	
2.3 STREET ADDRESS	<b>6251 W 24 Ave apt 205-10</b>	
2.4 CITY-ST-ZIP	<b>Hialeah, FL 33016</b>	
3.1 TITLE	<b>Treasure</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Ricardo Canals</b>	
3.3 STREET ADDRESS	<b>6251 W 24 Ave apt 106-10</b>	
3.4 CITY-ST-ZIP	<b>Hialeah, FL 33016</b>	
4.1 TITLE	<b>Secretary</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>Julia Santamaria</b>	
4.3 STREET ADDRESS	<b>6275 W 24 Ave apt 104-4</b>	
4.4 CITY-ST-ZIP	<b>Hialeah, FL 33016</b>	
5.1 TITLE	<b>Director</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>Juan I. Hernandez</b>	
5.3 STREET ADDRESS	<b>6239 W 24 Ave apt 102-1</b>	
5.4 CITY-ST-ZIP	<b>Hialeah, FL 33016</b>	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>8/10/21</b>	
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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 09-18-98 (305) 828-3005  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/98)