

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008602

FILED  
Feb 11, 2006  
Secretary of State

**Entity Name:** FLAMINGO COMMONS NO. 5 CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

12555 ORANGE DRIVE  
SUITE 100  
DAVIE, FL 33330 US

**New Principal Place of Business:**

**Current Mailing Address:**

12555 ORANGE DRIVE  
SUITE 100  
DAVIE, FL 33330 US

**New Mailing Address:**

**FEI Number:** 80-0026903

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ZIMMERMAN, HOWARD J  
12555 ORANGE DRIVE  
SUITE 100  
DAVIE, FL 33330 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: REIFKIND, ELIOT  
Address: 12545 ORANGE DRIVE, SUITE 503  
City-St-Zip: DAVIE, FL 33330 US

Title: SD ( ) Delete  
Name: HERSHKOWITZ, VALERIE  
Address: 12545 ORANGE DRIVE, SUITE 502  
City-St-Zip: DAVIE, FL 33330 US

Title: D ( ) Delete  
Name: MONTAMARTA, FRANCISCO  
Address: 12545 ORANGE DRIVE, SUITE 501  
City-St-Zip: DAVIE, FL 33330 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELIOT REIFKIND

PD

02/11/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date