2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 04, 2003 8:00 am
Secretary of State
09-04-2003 90058 010 ****61.25

DOCUMENT # N01000008602

1. Entity Name
FLAMINGO COMMONS NO. 5 CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business
12555 ORANGE DR. STE 100
DAVIE FL 33330

Mailing Address
12555 ORANGE DR. STE 100
DAVIE FL 33330

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

4. FEI Number 80-0026903 | Applied For | Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
ZIMMERMAN, HOWARD J
12555 ORANGE DR, STE 100
DAVIE FL 33330

7. Name and Address of New Registered Agent
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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
After September 10, 2003, min will be $236.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	☑ Delete
NAME	ZIMMERMAN, HOWARD J	
STREET ADDRESS	12555 ORANGE DR, STE 100	
CITY-ST-ZIP	DAVIE FL 33330	
TITLE	D	☑ Delete
NAME	WOODHAM, ERICA	
STREET ADDRESS	12555 ORANGE DR, STE 100	
CITY-ST-ZIP	DAVIE FL 33330	
TITLE	D	☑ Delete
NAME	MASIELLO, ROBIN	
STREET ADDRESS	12555 ORANGE DR, STE 100	
CITY-ST-ZIP	DAVIE FL 33330	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS TO OFFICERS AND DIRECTORS IN 10

TITLE	President / Director	☐ Change ☑ Addition
NAME	Eliot Reifkind	
STREET ADDRESS	12545 Orange Dr, Suite 503	
CITY-ST-ZIP	Davie, FL 33330	
TITLE	Secretary / Director	☐ Change ☑ Addition
NAME	Valerie Hershkowitz	
STREET ADDRESS	12545 Orange Dr., Suite 502	
CITY-ST-ZIP	Davie, FL 33330	
TITLE	Director	☐ Change ☑ Addition
NAME	Francisco Montamarta	
STREET ADDRESS	12545 Orange Dr., Suite 501	
CITY-ST-ZIP	Davie, FL 33330	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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: X SIGNATURE REQUIRED P. Reifkind 8/26/03 954-966-8700

CR2E037 (4/03)