


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90177 003 ****61.25

| | | | | | |
|--|---------------------------|--|---|---|-----------------------------------|
| DOCUMENT # N06000009630 | | | |  | |
| 1. Entity Name FLAMINGO/SOUTH BEACH I CONDOMINIUM ASSOCIATION, INC. | | | | | |
| Principal Place of Business 1500 BAY ROAD MIAMI BEACH, FL 33139 | | | Mailing Address 1500 BAY ROAD MIAMI BEACH, FL 33139 | | |
| 2. Principal Place of Business - No P.O. Box # | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | Country | Zip | Country | 4. FEI Number 20-5598088 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| KOBERSTEIN, MARY C/O WILLIAM BLOOM 701 BRICKELL AVENUE SUITE 3000 MIAMI, FL 33131 | | | | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2007 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE | P | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | TUCKER, DAN | | NAME | | |
| STREET ADDRESS | 225 W HUBBARD ST #400 | | STREET ADDRESS | | |
| CITY-ST-ZIP | CHICAGO, IL 60610 | | CITY-ST-ZIP | | |
| TITLE | V | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | GHELERTER, SUSAN | | NAME | | |
| STREET ADDRESS | 1555 N SHEFFIELD | | STREET ADDRESS | | |
| CITY-ST-ZIP | CHICAGO, IL 60622 | | CITY-ST-ZIP | | |
| TITLE | TS | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | NIVEN, BRIAN | | NAME | | |
| STREET ADDRESS | 1555 N SHEFFIELD | | STREET ADDRESS | | |
| CITY-ST-ZIP | CHICAGO, IL 60622 | | CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | SLAVEN, ARTHUR | | NAME | | |
| STREET ADDRESS | 225 W HUBBARD STREET #400 | | STREET ADDRESS | | |
| CITY-ST-ZIP | CHICAGO, IL 60610 | | CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | LERNER, MICHAEL | | NAME | | |
| STREET ADDRESS | 1555 N SHEFFIELD | | STREET ADDRESS | | |
| CITY-ST-ZIP | CHICAGO, IL 60622 | | CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | MCLINDEN, JOHN | | NAME | | |
| STREET ADDRESS | 225 W HUBBARD ST #400 | | STREET ADDRESS | | |
| CITY-ST-ZIP | CHICAGO, IL 60610 | | CITY-ST-ZIP | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____ | | | Date: 04/17/07 | | Daytime Phone #: 312-573-1122 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Date | | Daytime Phone # |