

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000005897

FILED  
Jan 05, 2011  
Secretary of State

**Entity Name:** FLAMINGO HIDEAWAY CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O CRAIG S. BOYD, SECRETARY  
381 6TH AVE. S.  
NAPLES, FL 34102

**New Principal Place of Business:**

**Current Mailing Address:**

C/O CRAIG S. BOYD, SECRETARY  
381 6TH AVE. S.  
NAPLES, FL 34102

**New Mailing Address:**

**FEI Number:** 26-0364849      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

BOYD, CRAIG  
381 6TH AVE. S.  
NAPLES, FL 34102      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: D  
Name: FAULKNER, GAIL C  
Address: 1840 HUNTINGTON ROAD  
City-St-Zip: HUNTINGDON VALLEY, PA 19006

Title: D  
Name: BOYD, CRAIG  
Address: 381 6TH AVENUE SOUTH  
City-St-Zip: NAPLES, FL 34102

Title: D  
Name: CAMPBELL, MICHAEL  
Address: 417 S. HI LUSI AVENUE  
City-St-Zip: MOUNT PROSPECT, IL 60056

Title: D  
Name: LAUER, TOM  
Address: 18 ORDWAY ROAD  
City-St-Zip: WELLSLEY, MA 02481

Title: D  
Name: JOHNSON, HENRY  
Address: 570 WEST LAKE DRIVE  
City-St-Zip: NAPLES, FL 34102

I hereby 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 all other like empowered.

SIGNATURE: CRAIG S. BOYD

SEC

01/05/2011

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

\_\_\_\_\_  
Date