
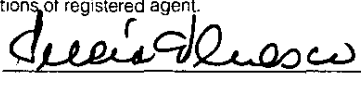


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90027 004 ****61.25

DOCUMENT #N09832			
1. Entity Name FLAMENCO CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 1055 WEST 77TH STREET HIALEAH FL 33014		Mailing Address C/O ASTOR MGMT. SERVICES 2100 WEST 76 STREET-SUITE 413 HIALEAH FL 33016	
2. Principal Place of Business		3. Mailing Address 2100 WEST-76TH STREET	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 409	
City & State		City & State HIALEAH, FL.	
Zip	Country	Zip	Country
		33016	US
6. Name and Address of Current Registered Agent ASTOR MGMT. SERVICES LOUIS A. REY - PROPERTY MGR. 2100 W 76 ST # 413 HIALEAH FL 33016		7. Name and Address of New Registered Agent Name LUCIA VELASCO - ASTOR MANAGEMENT SVCS. Street Address (P.O. Box Number is Not Acceptable) 2100 WEST - 76TH STREET SUITE 409 City HIALEAH FL Zip Code 33016	
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  LUCIA VELASCO DATE 2-26-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		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 NAME STREET ADDRESS CITY-ST-ZIP	P BACALLAO, ORLANDO 3237 W 77 PL HIALEAH FL 33018 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BACALLAO, ORLANDO 3237 W. 77 PL. HIALEAH, FL. 33018 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CANALES, JUAN B 3180 W 68 PL HIALEAH FL 33018 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DE LA PUENTE, ARMANDO 1055 W. 77 STREET #312 HIALEAH FL 33014 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BACALLAO, LAZARO 1055 W. 77 ST., #305 HIALEAH FL 33014 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JORGE, JOSE 1055 W. 77TH STREET # 206 HIALEAH, FL. 33014 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TRUJILLO, MARIA 1055 W. 77 ST. #213 HIALEAH FL 33014 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONTRERAS, OSCAR 1055 W. 77 ST. # 306 HIALEAH, FL. 33014 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONTRERAS, OSCAR 1055 W. 77 ST. #304 HIALEAH FL 33014 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **2-26-04 305-8180810**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

44013343



MOORE CR2E037 (11/03)

4. FEI Number **59-2539920** Applied For ☐ Not Applicable ☐

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