

**2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Feb 21, 2011  
Secretary of State**

DOCUMENT# N12562

**Entity Name:** PLACID LAKES FLAMINGO VILLAS ONE HOMEOWNERS ASSOCIATION INCORPORATED

**Current Principal Place of Business:**

389 FLAMINGO RD., N.E.  
LAKE PLACID, FL 33852

**New Principal Place of Business:**

**Current Mailing Address:**

691 KENILWORTH CT.  
DES PLAINES, IL 60016 US

**New Mailing Address:**

FEI Number: 59-2935713

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HOFFMAN, THOMAS A TREA  
389 FLAMINGO RD NE  
LAKE PLACID, FL 33852 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: PRES  
Name: LE BLANC, DEBORAH  
Address: 393 FLAMINGO RD NE  
City-St-Zip: LAKE PLACID, FL 33852 US

Title: TREA  
Name: HOFFMAN, THOMAS A  
Address: 691 KENILWORTH CT.  
City-St-Zip: DES PLAINES, IL 60016 US

Title: SEC  
Name: HOFFMAN, HEIDI M  
Address: 389 FLAMINGO RD. N.E.  
City-St-Zip: LAKE PLACID, FL 33852 US

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: THOMAS A. HOFFMAN

TREA

02/21/2011

Electronic Signature of Signing Officer or Director

Date