## 2004 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N9300004540  1. Entity Name			F	FILED
FLAMINGO GARDENS ESTATES HOMEOWNERS ASSOCIATION, INC.			04 MA)	′26 M 10:37
Principal Place of Business 16739 S.W. 84TH CT. MIAMI, FL 33157	S.W. 84TH CT. 11425 SW 133RD CT		SECRET, TALLAHA	ARY OF STATE SSEE, FLORIDA
Principal Place of Business  3. Mailing Address  3. DO ARAGON AVE 300 ARAGON		ON AVE		
Suite Apt. #, etc. SUITE 210	Suite, Apt. #, etc.		04152004 Chg-NP	CR2E037 (10/03)
City & State CORAL GABLES, FL Zip Country	City & State CORAL GAS		4. FEI Number 65-0445278	Applied For Not Applicable
33/3.4 USA 6. Name and Address of Current	<u>33134</u>	Country USA	Certificate of Status Desired     Name and Address of New	\$8.75 Additional Fee Required  Registered Agent
SWAIN, BILL 8530 SW 167TH TER MIAMI, FL 33157		Street Address		CHEZ ESD
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				
Amended AR is \$61.25	9. Election Campa Trust Fund Cont			Make check payable to prida Department of State
10. OFFICERS AND DIF	· · · · · · · · · · · · · · · · · · ·	11.	ADDITIONS/CHANGES TO OFFIC	
TITU PD  NAME SWAIN, GUILLERMO E  STREET ADDRESS 8530 SW 167TH TER  CITY-ST-ZIP MIAMI, FL 33157	□ Delete	NAME STREET ADDRESS CITY-ST-ZIP	D SCALLY; Lloyd YI SW 84 U Ann; KL 33159	☐ Change <b>A</b> ddition
TITLE NAME BECKETT, HOWARD STREET ADDRESS 16661 SW 84TH CT MIAMI, FL 33157	☐ Delete	TITLE 3 C STREET ADDRESS 167	rnat Haskoli 191 SW 86 et anni, FL 33.57	☐ Change — Addition
NAME BURNS, CARLOS STREET ADDRESS 16621 SW 84TH CT.	Delete	TITLE Y P NAME STREET ADDRESS	D	Change Addition
CITY-SI-ZIP   MIAMI, FL 33157   TITLE   TD   GRANT, GERALD   STREET ADDRESS   8560 SW 166TH ST, CITY-ST-ZIP   MIAMI, FL 33157	☐ Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	00/03/04010-	13020 **61.25 □ Change □ Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	-	Change Addition
12. I hereby certify that the information supplied with this filling 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 gither like empowered.  SIGNATURE:  S				