


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2006 8:00 am
Secretary of State

04-21-2006 90104 002 ****61.25

| | | | | | |
|--|---------------------|--|---|--|--|
| DOCUMENT # N93000004540 | | | |  | |
| 1. Entity Name FLAMINGO GARDENS ESTATES HOMEOWNERS ASSOCIATION, INC. | | | | | |
| Principal Place of Business 300 ARAGON AVE, STE. 210 CORAL GABLES, FL 33134 US | | Mailing Address 300 ARAGON AVE, STE. 210 CORAL GABLES, FL 33134 US | | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 65-0445278 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| SANCHEZ, JUAN A ESQ 10251 SUNSET DRIVE #A106 MIAMI, FL 33173 | | | 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 re-registering) DATE _____ | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2006 | | 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 | PD | <input checked="" type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | BECKETT, HOWARD | | NAME | | |
| STREET ADDRESS | 16661 SW 84TH CT | | STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI, FL 33157 | | CITY-ST-ZIP | | |
| TITLE | S PD ACTING | <input type="checkbox"/> Delete | TITLE | PRESIDENT/SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | DUNBAR, ROBERT | | NAME | | |
| STREET ADDRESS | 3510 SW 167 TERRACE | | STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI, FL 33157 | | CITY-ST-ZIP | | |
| TITLE | TD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | GRANT, GERALD | | NAME | | |
| STREET ADDRESS | 8560 SW 166TH ST. | | STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI, FL 33157 | | CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | HASKELL, BERNAT | | NAME | | |
| STREET ADDRESS | 16791 SW 86 CT | | STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI, FL 33157 | | CITY-ST-ZIP | | |
| TITLE | D | <input checked="" type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | ROSENTHAL, MARK | | NAME | | |
| STREET ADDRESS | 8601 SW 166 STREET | | STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI, FL 33157 | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | MIKE ANTONIEN | | NAME | | |
| STREET ADDRESS | 16421 SW 89 COURT | | STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI, FL 33157 | | 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: _____ | | TREASURER | | 9/18/06 3056709679 | |
| SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date | | Daytime Phone # | |

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