

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001285

FILED  
May 14, 2007  
Secretary of State

**Entity Name:** FLAGLER LANDING MARINA ASSOCIATION, INC.

**Current Principal Place of Business:**

639 EAST OCEAN AVE  
SUITE 406  
BOYNTON BEACH, FL 33435

**New Principal Place of Business:**

**Current Mailing Address:**

639 EAST OCEAN AVE  
SUITE 406  
BOYNTON BEACH, FL 33435

**New Mailing Address:**

**FEI Number:** 20-3223253      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

OLIVER, BERT R  
2060 NW BOCA RATON BLVD SUITE 6  
BOCA RATON, FL 33431 US

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 ( ) Delete  
Name: ELAM, PRYSE R  
Address: 639 EAST OCEAN AVE, SUITE 406  
City-St-Zip: BOYNTON BEACH, FL 33435

Title: D ( ) Delete  
Name: SCHMIDT, ELIZABETH  
Address: 70 SE 4TH AVENUE  
City-St-Zip: DELRAY BEACH, FL 33483

Title: D ( ) Delete  
Name: NYS, ANGIE  
Address: 70 SE 4TH AVENUE  
City-St-Zip: DELRAY BEACH, FL 33483

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: SCHMIDT, ELIZABETH  
Address: 639 EAST OCEAN AVE, SUITE 406  
City-St-Zip: BOYNTON BEACH, FL 33435

Title: D (X) Change ( ) Addition  
Name: NYS, ANGIE  
Address: 639 EAST OCEAN AVE, SUITE 406  
City-St-Zip: BOYNTON BEACH, FL 33435

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: PRYSE R. ELAM

D

05/14/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date