

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000005897

**Entity Name:** FLAMINGO HIDEAWAY CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Jan 10, 2017**  
**Secretary of State**  
**CC2737292083**

**Current Principal Place of Business:**

C/O DEBORAH DEPASQUALE, SECRETARY  
381 6TH AVE SOUTH  
NAPLES, FL 34102

**Current Mailing Address:**

C/O DEBORAH DEPASQUALE, SECRETARY  
381 6TH AVE SOUTH  
NAPLES, FL 34102 US

**FEI Number: 26-0364849**

**Certificate of Status Desired: No**

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

DEPASQUALE, DEBORAH  
381 6TH AVE SOUTH  
NAPLES, FL 34102 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:** DEBORAH DEPASQUALE

01/10/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title D  
Name FAULKNER, GAIL C  
Address 1840 HUNTINGTON ROAD  
City-State-Zip: HUNTINGDON VALLEY PA 19006

Title D  
Name DEPASQUALE, DEBORAH  
Address 381 6TH AVE SOUTH  
City-State-Zip: NAPLES FL 34102

Title D  
Name CAMPBELL, SUSAN  
Address 417 S. HI LUSI AVENUE  
City-State-Zip: MOUNT PROSPECT IL 60056

Title D  
Name KEAMY, CHERYL  
Address 700 6TH ST NW  
City-State-Zip: WASHINGTON DC 20001

Title D  
Name JOHNSON, HENRY  
Address 570 WEST LAKE DRIVE  
City-State-Zip: NAPLES FL 34102

*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:** DEBORAH DEPASQUALE

**SECRETARY**

01/10/2017

Electronic Signature of Signing Officer/Director Detail

Date