

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 03, 2006 08:00 AM
Secretary of State

DOCUMENT # 462638

1. Entity Name

FLAGLER PROPERTIES, INC.



Principal Place of Business

THE BREAKERS HOTEL, ONE S. COUNTY ROAD
PALM BEACH, FL 33480 US

Mailing Address

THE BREAKERS HOTEL, ONE S COUNTY RD
PALM BEACH, FL 33480 US



02202006 No Chg-P CR2E034 (11/05)

4. FEI Number

59-2255835

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LEONE, PAUL N.
% THE BREAKERS HOTEL
ONE SOUTH COUNTY RD
PALM BEACH, FL 33480

**DO NOT WRITE
IN THIS SPACE**

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 (if applicable,

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
CD
KENAN, JAMES G., III
212 BARROW ROAD
LEXINGTON, KY

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
ST
GILMURRAY, ALEX
17278 GULF PINE CIRCLE
WELLINGTON, FL 33414

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
P
LEONE, PAUL N
ONE S COUNTY RD
PALM BEACH, FL

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

000000454655
03/15/06-20024-011 150.00

**DO NOT WRITE
IN THIS SPACE**

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 607, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/20/06 561-655-6611