

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 462638

FILED  
Jan 08, 2009  
Secretary of State

Entity Name: FLAGLER PROPERTIES, INC.

## Current Principal Place of Business:

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

## New Principal Place of Business:

THE BREAKERS HOTEL  
1 SOUTH COUNTY RD  
PALM BEACH, FL 33480 US

## Current Mailing Address:

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

## New Mailing Address:

THE BREAKERS HOTEL  
1 SOUTH COUNTY RD  
PALM BEACH, FL 33480 US

FEI Number: 59-2255835

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PRESSLY, KRISTIN P  
LEGAL  
40 COCOANUT RON  
PALM BEACH, FL 33480 US

## Name and Address of New Registered Agent:

PRESSLY, P. KRISTEN  
LEGAL  
40 COCOANUT ROW  
PALM BEACH, FL 33480 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: P. KRISTEN PRESSLY

01/08/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: CD ( ) Delete  
Name: KENAN, JAMES G., III,  
Address: 212 BARROW ROAD  
City-St-Zip: LEXINGTON, KY

Title: ST ( ) Delete  
Name: GILMURRAY, ALEX  
Address: 17278 GULF PINE CIRCLE  
City-St-Zip: WELLINGTON, FL 33414

Title: P ( ) Delete  
Name: LEONE, PAUL N  
Address: ONE S COUNTY RD  
City-St-Zip: PALM BEACH, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CD (X) Change ( ) Addition  
Name: KENAN, JAMES G III  
Address: 212 BARROW ROAD  
City-St-Zip: LEXINGTON, KY 40502

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

Title: P (X) Change ( ) Addition  
Name: LEONE, PAUL N  
Address: ONE S COUNTY RD  
City-St-Zip: PALM BEACH, FL 33480

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL N. LEONE

P

01/08/2009

Electronic Signature of Signing Officer or Director

Date