

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 15, 2008 8:00 am**  
**Secretary of State**

01-15-2008 90031 038 \*\*\*\*61.25

<b>DOCUMENT # 716174</b> 1. Entity Name <b>FLAMINGO CAY APARTMENTS ASSOCIATION, INC.</b>					
Principal Place of Business <b>4301 32ND STREET W. SUITE A19 BRADENTON, FL 34205 US</b>			Mailing Address <b>P.O. BOX 10674 BRADENTON, FL 34262 US</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.		<div style="font-size: 24px; margin-bottom: 10px;">4000000000</div> <div style="margin-top: 10px;">             01092008 Chg-NP CR2E037 (12/06)           </div>	
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number <b>65-0023277</b>		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				<div style="font-size: 24px; margin-bottom: 10px;">4000000000</div> <div style="margin-top: 10px;">             01092008 Chg-NP CR2E037 (12/06)           </div>	
<b>6. Name and Address of Current Registered Agent</b>					
<b>C &amp; S CONDOMINIUM MANAGEMENT SERVICES 4301 32ND STREET W. SUITE A19 BRADENTON, FL 34205</b>					
<b>7. Name and Address of New Registered Agent</b>					
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.				<div style="font-size: 24px; margin-bottom: 10px;">4000000000</div> <div style="margin-top: 10px;">             01092008 Chg-NP CR2E037 (12/06)           </div>	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
DATE _____					
Filing Fee is <b>\$61.25</b> Due by <b>May 1, 2008</b>					
9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>				<div style="font-size: 24px; margin-bottom: 10px;">4000000000</div> <div style="margin-top: 10px;">             01092008 Chg-NP CR2E037 (12/06)           </div>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>					
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP THOMSON, SUSAN 10419 WATERBIRD WAY BRADENTON, FL 34209	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<div style="font-size: 24px; margin-bottom: 10px;">4000000000</div> <div style="margin-top: 10px;">             01092008 Chg-NP CR2E037 (12/06)           </div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP CHAPMAN, BARB 10423 WATERBIRD WAY BRADENTON, FL 34209	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHERKO, EDWARD 10411 WATERBIRD WAY BRADENTON, FL 34209	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST HERRMAN, ED 10439 WATERBIRD WAY BRADENTON, FL 34209	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEST, RYAN 10435 WATERBIRD WAY BRADENTON, FL 34209	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEST, RYAN 10435 WATERBIRD WAY BRADENTON, FL 34209	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> _____ <i>S. Thomson</i> <span style="float: right;">1-11-08</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					