


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90043 040 ****61.25

DOCUMENT # 725576

1. Entity Name
FLAGLER PLAZA CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**3001 S.W. 2ND STREET
 APT. 113-C
 MIAMI, FL 33135**

Mailing Address
**3001 S.W. 2ND STREET
 APT. 113-C
 MIAMI, FL 33135**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country

02272004 Chg-NP CR2E037 (10/03)

4. FEI Number
59-1651473

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



6. Name and Address of Current Registered Agent

**ALÉNARES, SANTIAGO S
 145 SW 30 COURY, APT 209-B
 MIAMI, FL 33135**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 X
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	MORALES, SILVIA M	
STREET ADDRESS	160 SW 30 AVE., APT 104-A	
CITY-ST-ZIP	MIAMI, FL 33135	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	MUNIZ, BENIGNO R	
STREET ADDRESS	145 SW 30 COURT, APT 204-B	
CITY-ST-ZIP	MIAMI, FL 33135	
TITLE	T	<input type="checkbox"/> Delete
NAME	BANGO, JOSE L	
STREET ADDRESS	160 SW 30 AVE., APT 205-A	
CITY-ST-ZIP	MIAMI, FL 33135	
TITLE	S	<input type="checkbox"/> Delete
NAME	ALRNARES, SANTIAGO S	
STREET ADDRESS	145 SW 30 COURT, APT 210-B	
CITY-ST-ZIP	MIAMI, FL 33135	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	SVARES, MARIA E	
STREET ADDRESS	145 SW 30 COURT, APT 101-B	
CITY-ST-ZIP	MIAMI, FL 33135	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MAGALY CASTRO	
STREET ADDRESS	160 SW. 30 AVE. APT 209-A	
CITY-ST-ZIP	MIAMI, FL 33135	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE: X *Jose L. Bango* **JOSE L. BANGO** 9/15/04
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #