


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90071 011 ****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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1651473	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ROBAYNA, ANTONIO B 145 SW 30TH CT APT 109B MIAMI, FL 33135				Name Manuel R Suarez	
				Street Address (P.O. Box Number is Not Acceptable) 3001 SW 2 st. # 114c	
				City MIAMI, FL Zip Code 33135	
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 <i>M. R. Suarez</i>				DATE MAR. 21. 06	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)				DATE	
Filing Fee is \$81.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUERRES, LAZARA		NAME	SUAREZ, Manuel	
STREET ADDRESS	3001 SW 2ND ST APT 207C		STREET ADDRESS	3001 SW 2 st. # 114c	
CITY-ST-ZIP	MIAMI, FL 33135		CITY-ST-ZIP	MIA. FL 33135	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARCIA, MARILIS		NAME	Echenique, CHARLES	
STREET ADDRESS	3001 SW 2ND ST APT 205C		STREET ADDRESS	3001 SW 2 st. # 206 A	
CITY-ST-ZIP	MIAMI, FL 33135		CITY-ST-ZIP	MIA. FL 33135	
TITLE	T	<input type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBAYNA, ANTONIA		NAME	CASTRO, NABALY	
STREET ADDRESS	145 SW 30TH CT APT 109B		STREET ADDRESS	3001 SW 2st. # 207A	
CITY-ST-ZIP	MIAMI, FL 33135		CITY-ST-ZIP	MIA, FL 33135	
TITLE	S	<input type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BU, MIGUEL		NAME	ALENANES, SANTIAGO	
STREET ADDRESS	3001 S W 2ND ST APT 208C		STREET ADDRESS	145 SW 30 ct.	
CITY-ST-ZIP	MIAMI, FL 33135		CITY-ST-ZIP	MIA. FL 33135	
TITLE	VT	<input type="checkbox"/> Delete	TITLE	VT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZERVIGON, PAOLA		NAME	Quesada, Luis	
STREET ADDRESS	160 SW 30 AVE APT 107A		STREET ADDRESS	3001 SW 2 st. # 215 c	
CITY-ST-ZIP	MIAMI, FL 33135		CITY-ST-ZIP	MIA. FL. 33135	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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.					
SIGNATURE: <i>M. R. Suarez</i>				Date MAR 21. 06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date	
				Daytime Phone #	

40046590



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