2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 727437

FILED May 06, 2007 Secretary of State

Entity Name: FLAMINGO ESTATES CIVIC ASSOCIATION, INC.

Current Principal Place of Business:		New Principal Place of Business:		
PO BOX 8172 NAPLES, FL 34101			4516 PARROT AVENUE NAPLES, FL 34104	
Current Mailing Address:		New Mailing Address:		
PO BOX 8 NAPLES,	3172 FL 34101			
n accordar	r: 59-1776053 FEI Number Applied For() FEI nce with s. 607.193(2)(b), F.S., the corporation did not recei d Address of Current Registered Agent:			
516 PAR	IN, PATRICIA ROT AVENUE FL 34104 US			
	e named entity submits this statement for the purpos te of Florida.	e of changing	its registered office or registered agent, or both	
SIGNATU				
	Electronic Signature of Registered Agent		Date	
OFFICERS AND DIRECTORS:		ADDITION	NS/CHANGES TO OFFICERS AND DIRECTO	
itle: ame: ddress: ity-St-Zip:	PTD () Delete POCHOPIN, PATRICIA PRES 4516 PARROT AVENUE NAPLES, FL 34104	Title: Name: Address: City-St-Zip:	() Change () Addition	
itle: lame: ddress: ity-St-Zip:	VPD () Delete STOLT, GARY V.P. 917 ROSEATE DRIVE NAPLES, FL 34104	Title: Name: Address: City-St-Zip:	VPD (X) Change () Addition TURNER, RUSSELL V.P. 858 ROSE WAY NAPLES, FL 34104	
itle: ame: ddress: ity-St-Zip:	SD () Delete WOLFE, JAN SEC 916 ROSEA COURT NAPLES, FL 34104	Title: Name: Address: City-St-Zip:	() Change () Addition	
	TRED () Delete ROGERS, MICHAEL TRE 4538 PARROT AVENUE	Title: Name: Address: City-St-Zip:	() Change () Addition	
itle: ame: ddress: ity-St-Zip:	NAPLES, FL 34104	City-St-Zip.		
ame: ddress:		Title: Name: Address: City-St-Zip:	D (X) Change () Addition NEWMAN, MARIE DIR 4638 PARROT AVE NAPLES, FL 34104	

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

SIGNATURE: PATRICIA POCHOPIN PRES 05/06/2007