

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 727437

FILED  
Jul 13, 2008  
Secretary of State

**Entity Name:** FLAMINGO ESTATES CIVIC ASSOCIATION, INC.

**Current Principal Place of Business:**

4516 PARROT AVENUE  
NAPLES, FL 34104

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 8172  
NAPLES, FL 34101

**New Mailing Address:**

**FEI Number:** 59-1776053      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

POCHOPIN, PATRICIA  
4516 PARROT AVENUE  
NAPLES, FL 34104 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PTD ( ) Delete  
Name: POCHOPIN, PATRICIA PRES  
Address: 4516 PARROT AVENUE  
City-St-Zip: NAPLES, FL 34104

Title: VPD ( ) Delete  
Name: TURNER, RUSSELL V.P.  
Address: 858 ROSE WAY  
City-St-Zip: NAPLES, FL 34104

Title: SD ( ) Delete  
Name: WOLFE, JAN SEC  
Address: 916 ROSEA COURT  
City-St-Zip: NAPLES, FL 34104

Title: TRED ( ) Delete  
Name: ROGERS, MICHAEL TRE  
Address: 4538 PARROT AVENUE  
City-St-Zip: NAPLES, FL 34104

Title: D ( ) Delete  
Name: NEWMAN, MARIE DIR  
Address: 4638 PARROT AVE  
City-St-Zip: NAPLES, FL 34104

Title: D ( ) Delete  
Name: JOHNSON, DOUGLAS DIR  
Address: 4516 PARROT AVENUE  
City-St-Zip: NAPLES, FL 34104

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: VP (X) Change ( ) Addition  
Name: FRASER, KIMBERLY VP  
Address: 4752 ROBIN AVENUE  
City-St-Zip: NAPLES, FL 34104 US

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

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

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

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

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

07/13/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date