2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2009
Secretary of State

DOCUMENT# 727437

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 (X)**
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:

POCHOPIN, PATRICIA
4516 PARROT AVENUE
NAPLES, FL 34104 US

Name and Address of New Registered Agent:

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:	VP	( ) Delete
Name:	FRASER, KIMBERLY VP	
Address:	4752 ROBIN AVENUE	
City-St-Zip:	NAPLES, FL 34104 US	
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:	( ) 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:	
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 05/14/2009
Electronic Signature of Signing Officer or Director — Date