


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2006 08:00 A
Secretary of State

DOCUMENT # 741985

1. Entity Name
FLAGLER PROMENADE PROPERTY OWNERS' ASSOCIATION, INC.



Principal Place of Business 2200 CENTREPARK W DR #100 WEST PALM BEACH, FL 33409	Mailing Address 2200 CENTREPARK W DR #100 WEST PALM BEACH, FL 33409
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DO NOT WRITE IN THIS SPACE



05052006 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2071915	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**HEDRICK, DALE R
 2200 CENTRE PARK WEST DR
 WEST PALM BEACH, FL 33409**

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee Is \$61.25
 Due by September 6, 2006**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARRY, JAMES 115 FLAGLER PROMENADE N WEST PALM BEACH, FL 33405
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEDRICK, DALE 2200 CENTREPARK WEST DR #100 WEST PALM BEACH, FL 33409
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, SCOTT 110 FLAGLER PROMENAK NORTH WEST PALM BEACH, FL 33405
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 05/20/06-80009-004 61.25

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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: _____ *[Signature]* **05/01/06** **561-689-8880**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #