2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 747276

FILED Mar 20, 2009 Secretary of State

Entity Name: FLAMINGO ISLAND PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:			New Princi	New Principal Place of Business:	
846 COPA MARATHO	D ORO N, FL 3305012	212 US			
Current Mailing Address:			New Mailin	New Mailing Address:	
P O BOX 5 MARATHO	01212 N, FL 3305012	212 US			
FEI Number: 65-0198482 FEI Number Applied For ()		FEI Number Not Applicable () Certificate of Status Desired ()			
Name and	Address of C	urrent Registered Agent:	Name and A	Address of New Registered Agent:	
REISS, SU 846 COPA MARATHO		US			
The above in the State		ubmits this statement for the p	ourpose of changing its	s registered office or registered agent, or both,	
SIGNATUR	RE:				
	Electroni	c Signature of Registered Age	ent	Date	
OFFICERS AND DIRECTORS:		ADDITIONS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	STD () REISS, SUSAN A 846 COPA D OR MARATHON, FL	0	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () CONDAS, LOUIS 848 COPA D OR MARATHON, FL	0	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	DV () EDWARD, SCHU 977 OCOTILLO MARATHON, FL	LANE	Title: Name: Address: City-St-Zip:	()Change()Addition	
Title: Name: Address: City-St-Zip:	D () COCHRAN, STU 856 COP D ORC MARATHON, FL		Title: Name: Address: City-St-Zip:	D (X) Change () Addition REISS, GREGORY 856 COP D ORO MARATHON, FL 33050	
Title: Name: Address: City-St-Zip:	PD () KEN, LUCHT 706 COPA D OR MARATHON, FL		Title: Name: Address: City-St-Zip:	() Change () Addition	

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: SUSAN A REISS STD 03/20/2009