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03-01-1999 90202 015 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 757126

1. Corporation Name FLAMINGO VILLAS ASSOCIATION, INC.

Principal Place of Business 1050 N.W. 123RD TERR. PEMBROKE PINES FL 33026

Mailing Address 1050 N.W. 123RD TERR. PEMBROKE PINES FL 33026



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified 04/08/1981

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number 59-2126258

Applied For Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired \$8.75 Additional Fee Required

23 Zip Country

28 Zip Country

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

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CARLOS TRIAY 999 PONCE DE LEON BLVD. STE. 1110 CORAL GABLES FL 33134

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE STD NAME CHEVRON, HERB STREET ADDRESS 12351 NW 14TH CT CITY-ST-ZIP PEMBROKE PINES FL [DELETED]

1.1 TITLE STD 1.2 NAME BELIN, JONATHAN L. 1.3 STREET ADDRESS 1383 NW 122 TERR. 1.4 CITY-ST-ZIP PEMBROKE PINES, FL. 33026 [Change] [Addition]

TITLE PD NAME GOULD, PATRICK STREET ADDRESS 1453 NW 122 TERRACE CITY-ST-ZIP PEMBROKE PINES FL [DELETED]

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP [Change] [Addition]

TITLE VD NAME ALLEY, DEBBIE STREET ADDRESS 1262 NW 123 AVENUE CITY-ST-ZIP PEMBROKE PINES FL [DELETED]

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP [Change] [Addition]

TITLE [DELETED] NAME [DELETED] STREET ADDRESS [DELETED] CITY-ST-ZIP [DELETED]

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP [Change] [Addition]

TITLE [DELETED] NAME [DELETED] STREET ADDRESS [DELETED] CITY-ST-ZIP [DELETED]

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP [Change] [Addition]

TITLE [DELETED] NAME [DELETED] STREET ADDRESS [DELETED] CITY-ST-ZIP [DELETED]

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP [Change] [Addition]

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

Signature: [Handwritten Signature] DATE: 1/21/99 DAYTIME PHONE #: (954) 435-9689

CR2E037 (11/98)