

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 757126

FILED
Apr 23, 2009
Secretary of State

Entity Name: FLAMINGO VILLAS ASSOCIATION, INC.

Current Principal Place of Business:

1050 N.W. 123RD TERR.
PEMBROKE PINES, FL 33026

New Principal Place of Business:

Current Mailing Address:

1050 N.W. 123RD TERR.
PEMBROKE PINES, FL 33026

New Mailing Address:

FEI Number: 59-2126258

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TRIAY, CARLOS A
10570 NW 27 ST
STE 103
MIAMI, FL 33172 US

Name and Address of New Registered Agent:

TRIAY, CARLOS A
2301 N.W. 87 AVENUE
SUITE 501
DORAL, FL 33172 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:

04/23/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: KAPLAN, SHIRLEY
Address: 1050 NW 123 TER
City-St-Zip: PEMBROKE PINES, FL 33026

Title: V[() Delete
Name: ALLEY, DEBBIE
Address: 1050 NW 128 TER
City-St-Zip: HOLLYWOOD, FL 33026

Title: ST () Delete
Name: PENA, RENE
Address: 1050 NW 123RD TERR.
City-St-Zip: PEMBROKE PINES, FL 33026

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: KAPLAN, SHIRLEY R
Address: 1050 NW 123 TERR
City-St-Zip: PEMBROKE PINES, FL 33026

Title: ST (X) Change () Addition
Name: ALLEY, DEBBIE
Address: 1050 NW 123 TERR
City-St-Zip: PEMBROKE PINES, FL 33026

Title: VP (X) Change () Addition
Name: PENA, RENE
Address: 1050 NW 123 TERR
City-St-Zip: PEMBROKE PINES, FL 33026

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: SHIRLEY R. KAPLAN

PRES

04/23/2009

Electronic Signature of Signing Officer or Director

Date