## 2006 NOT-FOR-PROFIT CORPORATION

## **ANNUAL REPORT**

## **FILED** Apr 28, 2006 8:00 am Secretary of State

DOCUMENT # 762945  1. Entity Name FLAMINGO BAY CLUB CONDOMINIUM ASSOCIATION, INC.								04-28-2006	90183 0	)48 ****61	25
Principal Place of Business 380 8TH AVEN NO APT. 4 TIERRA VERDE, FL 33715 US			C/O C PO B	Address JUALITY MGMT SER OX 66245 ETE BEACH, FL 33	736 US			-   11110   1212   1211   1221   1211	H <b>h</b> ibit bibit bi	<b>a</b> n ang ang ang	 
			3. Mail	3. Mailing Address							
Suite, Apt. #, etc.			Sui	Suite, Apt. #, etc.			01142006	Chg-NP	CR2E0	37 (11/05)	
City & State			City	City & State			4. FEI Numbe 59-236				pplied For of Applicable
Zip	Zip Country		Zip	Zip Co			5. Certificate of Status Desired \$8.75 Additional Fee Required				
6. Name and Address of Current Registered A				d Agent	Ne		7. Name and	Address of New F	Registered	Agent	
SCHNOOR, FRANK						ime	(D.O. Day Mysselv	or in Mat Appointable	I=V		
7217 GULF BLVD SUITE 6 P.O. BOX 66245							(P.O. Box Numbe	er is Not Acceptable	e)		
ST. PETER	RSBURG,	FL 33706			Cit	ly			FL	Zip Cod	e .
The above named entity submits this statement for the purpose of changing its registered.						lice or registe	red agent, or bot	th, in the State of Flo			and accept
	ions of regist			3 3							
SIGNATURE .											
	Signature, typed	or printed name of registered agent a	and title if appl	icable (NOTE:	Registered Agen	i slonetive require	d when reinstating)		DATE		i
									UA.L		
	_	e is \$61.25 May 1, 2006		9. Election Camp Trust Fund Co	paign Financentribution.	cing	\$5.00 May B Added to Fees	Fior	ilake chec rida Depa	k payable to	tate
10.	Due by N			9. Election Camp Trust Fund Co	paign Financentribution.	cing	\$5.00 May B Added to Fees ADDITIONS/CH.	9	ilake chec rida Depa	rtment of SI	tate
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Due by NOT SOCCOR 380 8TH	flay 1, 2006	RECTORS	9. Election Camp	paign Financentribution.	cing D/I	\$5.00 May B Added to Fees ADDITIONS/CH.	Fior	ilake chec rida Depa	rtment of St	tate
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indicated on this report or supplemental peport 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. 717

**SIGNATURE:** 

LATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR JOC

06 367-5270 Daytime Phone #