


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2007 8:00 am
Secretary of State

04-20-2007 90206 021 ****61.25

DOCUMENT # 769236 1. Entity Name FLAMINGO GARDENS - PHASE TWO LAKE MAINTENANCE ASSOCIATION, INC.	
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Principal Place of Business 5040 SW 116TH AVE COOPER CITY, FL 33330 US	Mailing Address P.O. BOX 293021 COOPER CITY, FL 33330 US
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DO NOT WRITE IN THIS SPACE



02052007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2616924	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**VALVERDE, KELLY
5040 SW 116TH AVE
FORT LAUDERDALE, FL 33330**

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

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP VALVERDE, KELLY 5040 SW 116 AVE FORT LAUDERDALE, FL 33330
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP GREGORY, JENNY 5080 SW 116 AVE FORT LAUDERDALE, FL 33330
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SANCHEZ, JACQUELINE 11629 SW 51 CT FORT LAUDERDALE, FL 33330
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS HORVATH, SUSANNE 5120 SW 117 WAY FORT LAUDERDALE, FL 33330
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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:  **Kelly Valverde, Pres** 954-483-3259
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #