


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 11, 2008 8:00 am**  
**Secretary of State**

02-05-2008 90009 018 \*\*\*\*61.25

<b>DOCUMENT # 769236</b> 1. Entity Name <b>FLAMINGO GARDENS - PHASE TWO LAKE MAINTENANCE ASSOCIATION, INC.</b>	
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Principal Place of Business <b>5040 SW 116TH AVE COOPER CITY, FL 33330 US</b>	Mailing Address <b>C/O KELLY VALVERDE 5040 S.W. 116TH AVE. COOPER CITY, FL 33330 US</b>
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**66003171**



01282008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

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

6. Name and Address of Current Registered Agent  <b>VALVERDE, KELLY 5040 SW 116TH AVE FORT LAUDERDALE, FL 33330</b>
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**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 releasing) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

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
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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* 2-29-08 931-483-3959  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #