

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 769236

FILED
May 01, 2009
Secretary of State

Entity Name: FLAMINGO GARDENS - PHASE TWO LAKE MAINTENANCE ASSOCIATION, INC.

Current Principal Place of Business:

5040 SW 116TH AVE
COOPER CITY, FL 33330 US

New Principal Place of Business:

Current Mailing Address:

C/O KELLY VALVERDE
5040 S.W. 116TH AVE.
COOPER CITY, FL 33330 US

New Mailing Address:

FEI Number: 59-2616924 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: VALVERDE, KELLY
Address: 5040 SW 116 AVE
City-St-Zip: FORT LAUDERDALE, FL 33330

Title: DVP () Delete
Name: GREGORY, JENNY
Address: 5080 SW 116 AVE
City-St-Zip: FORT LAUDERDALE, FL 33330

Title: DT () Delete
Name: SANCHEZ, JACQUELINE
Address: 11629 SW 51 CT
City-St-Zip: FORT LAUDERDALE, FL 33330

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DVP (X) Change () Addition
Name: BRESLIN, AMY
Address: 5120 SW 117 AVE
City-St-Zip: FORT LAUDERDALE, FL 33330

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DS () Change (X) Addition
Name: OLSON, BETH
Address: 5050 SW 120 AVE
City-St-Zip: FT LAUDERDALE, FL 33330 US

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: KELLY VALVERDE

DP

05/01/2009

Electronic Signature of Signing Officer or Director

Date