

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2008 8:00 am
Secretary of State

02-27-2008 90001 035 ****61.25

DOCUMENT # 770545 1. Entity Name FLAMINGO CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 5979 NW 151 STREET SUITE 101 HIALEAH, FL 33014			Mailing Address P.O. BOX 160718 HIALEAH, FL 33016 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		01082008 Chg-NP CR2E037 (12/06)	
Zip Country		Zip Country		4. FEI Number 59-2810402	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent FLORIDA'S PROPERTY MGMT GROUP 5979 NW 151 STREET SUITE 101 HIALEAH, FL 33016			7. Name and Address of New Registered Agent Name KABA & Associates, P.A. Street Address (P.O. Box Number is Not Acceptable) 1840 W. 49 ST. Suite 235 City HIALEAH FL Zip Code 33012		
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 <i>Moises Kaba</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<i>MOISES KABA</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>		<i>2/19/08</i> <small>DATE</small>	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GARCIA, FRANCISCO 5979 NW 151 STREET HIALEAH, FL 33016 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DELGADO, HUMBERTO 5979 NW 151 STREET HIALEAH, FL 33016 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GARBIAS, MARIA CLAUDIA 5979 NW 151 STREET HIALEAH, FL 33016 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ARCON, SANDRA 5979 NW 151 STREET HIALEAH, FL 33016 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANTAMARIA, JAIME 5979 NW 151 STREET HIALEAH, FL 33016 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERRERA, THELMA 5979 NW 151 STREET HIALEAH, FL 33016 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <i>Francisco Garcia</i> Francisco Garcia <i>Prs. 2/15/08</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					