2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2009
Secretary of State

DOCUMENT# N01000000638

Entity Name: FLAMINGO PARK WEST NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business:

1350 LENOX AVE
MIAMI BEACH, FL 33139

New Principal Place of Business:

Current Mailing Address:

1350 LENOX AVE
MIAMI BEACH, FL 33139

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WISS, ILONA ESQ
1000 LINCOLN RD
STE 208
MIAMI BEACH, FL 33139 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: D ( ) Delete
Name: CARSON, SAM
Address: 1350 LENOX AVE
City-St-Zip: MIAMI BEACH, FL 33139

Title: D ( ) Delete
Name: WISS, ILONA
Address: 1350 MICHIGAN AVE
City-St-Zip: MIAMI BEACH, FL 33139

Title: D ( ) Delete
Name: OGDEN, WINN
Address: 1215 LENOX AVE
City-St-Zip: MIAMI BEACH, FL 33139

Title: D ( ) Delete
Name: CONDARCO, ABRAHAM
Address: 1260 LENOX AVE
City-St-Zip: MIAMI BEACH, FL 33139

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: SAMUEL L. CARSON D 01/17/2009
Electronic Signature of Signing Officer or Director — Date