2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002560

FILED Apr 26, 2007 Secretary of State

Entity Name: FLAGLER CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 17 EAST FLAGLER ST. 17 EAST FLAGLER ST. SUITE 111 SUITE 219 MIAMI, FL 33131 MIAMI, FL 33131 **Current Mailing Address: New Mailing Address:** P.O. BOX 13351 MIAMI, FL 33101 FEI Number: 45-0474182 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HABER, ROBERT M SHERMAN, JEFF 17 EAST FLAGLER STREET 520 BRICKELL KEY DR., STE. 0-305 MIAMI, FL 33131 US SUITE 219 MIAMI, FL 33131 US 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: JEFF SHERMAN 04/26/2007 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete DP () Change () Addition SHERMAN, JEFF Name: Name: P O BOX 13351 Address: Address: MIAMI, FL 33101 City-St-Zip: City-St-Zip: Title: DV () Delete Title: () Change () Addition Name: AMINOV, ABRAM Name: Address: 55 NE 1ST ST., #12 Address: City-St-Zip: MIAMI, FL 33132 City-St-Zip: Title: () Delete Title: () Change () Addition GOMEZ, ELIZABETH Name: Name: Address: 2 NE 1 STREET Address: City-St-Zip: MIAMI, FL 33132 City-St-Zip: Title: DS () Delete Title: () Change () Addition Name: AMINOV, GEORGE Name: Address: 55 NE 1ST ST., #12 Address: City-St-Zip: MIAMI, FL 33132 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: JEFF SHERMAN DP 04/26/2007