



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N01000002560 1. Entity Name FLAGLER CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 17 EAST FLAGLER ST. SUITE 219 MIAMI, FL 33131				Mailing Address P.O. BOX 13351 MIAMI, FL 33101	
2. Principal Place of Business - No P.O. Box # 17 E. Flagler St. Suite, Apt. #, etc. 219		3. Mailing Address Suite, Apt. #, etc.			
City & State Miami, FL		City & State		4. FEI Number 45-0474182	
Zip 33131		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SHERMAN, JEFF 17 EAST FLAGLER STREET SUITE 219 MIAMI, FL 33131				7. Name and Address of New Registered Agent Name Elizabeth Gomez Street Address (P.O. Box Number is Not Acceptable) 17 E. Flagler St. Suite 219 City Miami FL Zip Code 33131	
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 _____ DATE 09/26/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by September 12, 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	DP SHERMAN, JEFF P O BOX 13351 MIAMI, FL 33101	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV AMINOV, ABRAM 55 NE 1ST ST., #12 MIAMI, FL 33132	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT GOMEZ, ELIZABETH 2 NE 1 STREET MIAMI, FL 33132	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS AMINOV, GEORGE 55 NE 1ST ST., #12 MIAMI, FL 33132	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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: _____ DATE 09/26/08 DAYTIME PHONE # 305-372-0894 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

FILED
08 OCT -8 PM 4:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA