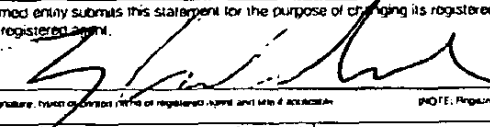


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Sep 11, 2006 8:00 am
Secretary of State

08-08-2006 90004 011 ****61.25

DOCUMENT # N01000002902					
1. Entity Name FLAMINGO FAIRWAYS ONE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 601 ELKCAM CIRCLE B-7 MARCO ISLAND FL 34145			Mailing Address PO BOX 2397 MARCO ISLAND FL 34146		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 08-2534448	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent ANDRADE, TONY 601 ELKCAM CIRCLE B-7 MARCO ISLAND FL 34145				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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					
FILE NOW: FEE IS \$61.25 Due By September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE	DP	☒ Delete			
NAME	BLEID, MARTIN				
STREET ADDRESS	8095 CELESTE DRIVE, #716				
CITY - ST - ZIP	NAPLES FL 34113				
TITLE	DVP	☐ Delete			
NAME	HENNING, HEATHER	<i>President/Secretary</i>			
STREET ADDRESS	8095 CELESTE DRIVE, #725				
CITY - ST - ZIP	NAPLES FL 34113				
TITLE	DS	☐ Delete			
NAME	FARNELL, GEORGE	<i>Director @ Large</i>			
STREET ADDRESS	834 WEST LOCUST STREET				
CITY - ST - ZIP	SEAFORD DE 19973				
TITLE		☐ Delete			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE		☐ Delete			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE		☐ Delete			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE		☐ Change ☒ Addition			
NAME	Dominick Tucci				
STREET ADDRESS	19 PINE HILL ROAD				
CITY - ST - ZIP	ANNADALE, NJ. 08801				
TITLE		☐ Change ☐ Addition			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE		☐ Change ☐ Addition			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE		☐ Change ☐ Addition			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
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 my empowered.					
SIGNATURE:  Heather Henning 8.16.06					