2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 16, 2007 8:00 am
Secretary of State
03-30-2007 90142 025 ****61.25

DOCUMENT # N01000002902

1. Entity Name

FLAMINGO FAIRWAYS ONE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
601 ELKCAM CIRCLE B-7 MARCO ISLAND FL 34145	PO BOX 2397 MARCO ISLAND FL 34146

1st MOORE CR2E037 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 08-2534448 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ANDRADE, TONY 601 ELKCAM CIRCLE B-7 MARCO ISLAND FL 34145	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 _____ TONY ANDRADE 3-1-2007
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2007

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	~~T~~ PRESIDENT TUCCI, DOMINICK 19 PINE HILL RD ANNANDALE NJ 08801	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	~~S~~SECRETARY HENNING, HEATHER 8095 CELEST DRIVE, #725 NAPLES FL 34113	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	~~DAL~~ ~~FARNELL, GEORGE~~ ~~834 WEST LOCUST STREET~~ ~~SEAFORD DE 19973~~	☑ Delete	VPRESIDENT MARTIN BLIED 8095 CELESTE DRIVE # 717 NAPLES FLORIDA 34113	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete	TREASURER THOMAS MADAY 2502 50th STREET FAIRMOUNT, MN. 56031	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete	DIRECTOR CARMEN TOMASETTI 00741989 SIOUX FALLS, SD 57186	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: X _____ DOMINICK Tucci 3.1.07 239-642-8872
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #