

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003360

FILED  
May 09, 2007  
Secretary of State

Entity Name: FLAMINGO ROAD TOWNHOMES HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

4853 FLAMINGO ROAD W  
TAMPA, FL 33611

**New Principal Place of Business:**

4847 FLAMINGO ROAD W  
TAMPA, FL 33611

**Current Mailing Address:**

502 N. ARMENIA AVENUE  
TAMPA, FL 33609

**New Mailing Address:**

4847 FLAMINGO ROAD W  
TAMPA, FL 33611

FEI Number: 57-1140754      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

LUM, MARTIN  
2101 W. PLATT ST., #200  
TAMPA, FL 33606 US

**Name and Address of New Registered Agent:**

MORGAN, OTHA G III  
4847 FLAMINGO ROAD W  
TAMPA, FL 33611 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: OTHA G. MORGAN III

05/09/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PSD ( ) Delete  
Name: MORGAN, OTHA  
Address: 4847 FLAMINGO ROAD W  
City-St-Zip: TAMPA, FL 33611

Title: TVPD ( ) Delete  
Name: LUM, MARTIN  
Address: 4853 FLAMINGO ROAD W  
City-St-Zip: TAMPA, FL 33611

Title: D (X) Delete  
Name: HANLON, MORT  
Address: 4849 FLAMINGO ROAD W  
City-St-Zip: TAMPA, FL 33611

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PSD (X) Change ( ) Addition  
Name: MORGAN, OTHA G III  
Address: 4847 FLAMINGO ROAD W  
City-St-Zip: TAMPA, FL 33611

Title: TVPD (X) Change ( ) Addition  
Name: SHINE, MARTIN  
Address: 4843 FLAMINGO ROAD W  
City-St-Zip: TAMPA, FL 33611

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: OTHA G. MORGAN III

PSD

05/09/2007

Electronic Signature of Signing Officer or Director

Date