


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2008 08:00 AM
Secretary of State

DOCUMENT # N01000003360	
1. Entity Name FLAMINGO ROAD TOWNHOMES HOMEOWNERS ASSOCIATION, INC.	

Principal Place of Business 4847 FLAMINGO ROAD W TAMPA, FL 33611	Mailing Address 4847 FLAMINGO ROAD W TAMPA, FL 33611
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DO NOT WRITE IN THIS SPACE



02102008 No Chg-NP CR2E037 (4/06)

4. FEI Number 57-1140754	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

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

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000857872 04/01/08-80021-017 61.25
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD MORGAN, OTHA G III 4847 FLAMINGO ROAD W TAMPA, FL 33611
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TVPD SHINE, MARTIN 4843 FLAMINGO ROAD W TAMPA, FL 33611
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 life empowered.

SIGNATURE: Martin Shine  **03/11/08** **813-253-2681**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #