

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

FILED
Mar 15, 2006 8:00 am
Secretary of State

03-15-2006 90118 010 ****61.25

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1. Entity Name

**FLAMINGO FAIRWAYS TWO CONDOMINIUM
ASSOCIATION, INC.**



Principal Place of Business

**8155 CELESTE DRIVE
NAPLES FL 34113**

Mailing Address

**P.O. BOX 2397
MARCO ISLAND FL 34146
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

58-2534449

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

**MORRIS, WILLIAM G ESQ
247 N COLLIER BLVD
202
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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME LEPP, JIM
STREET ADDRESS 8145 CELESTE DRIVE #3124
CITY-ST-ZIP NAPLES FL 34113

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME BRESETTE, ROBERTA
STREET ADDRESS 3888 GREENWOOD AVE
CITY-ST-ZIP ROCHESTER HILLS MI 48309

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **VP** ROLLINS, STEVE
STREET ADDRESS 101 LINCOLN WOODS ROAD
CITY-ST-ZIP WALTHAM MA 02451

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME CHARLSON, JEFF
STREET ADDRESS 5800 MERLE HAY RD, BOX 394
CITY-ST-ZIP JOHNSTON IA 50131

TITLE ☐ Change ☒ Addition
NAME **Secretary** Sherry Mann
STREET ADDRESS **13005 COVERED BRIDGE ROAD**
CITY-ST-ZIP **SAVINGSBURG, IN. 47172**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **D** Thomas Smylie
STREET ADDRESS **3005 WINCHESTER AVENUE**
CITY-ST-ZIP **PHILADELPHIA, PA. 19136**

TITLE ☐ Delete
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 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: