

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

FILED
Mar 30, 2007 8:00 am
Secretary of State

03-30-2007 90145 031 ****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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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 TONY ANDRADE

Street Address (P.O. Box Number is Not Acceptable)

601 ELKCAM Circle # B-7

City MARCO ISLAND, FL

Zip Code 34145

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 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

NAME	PD LEPP, JIM	<input type="checkbox"/> Delete
STREET ADDRESS	8145 CELESTE DRIVE #3124	
CITY-STATE-ZIP	NAPLES FL 34113	
NAME	T BRESETTE, ROBERTA	<input type="checkbox"/> Delete
STREET ADDRESS	3888 GREENWOOD AVE	
CITY-STATE-ZIP	ROCHESTER HILLS MI 48309	
NAME	VP ROLLINS, STEVE	<input type="checkbox"/> Delete
STREET ADDRESS	101 LINCOLN WOODS ROAD	
CITY-STATE-ZIP	WALTHAM MA 02451	
NAME	S MANN, SHERRY	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	13005 COVERD BRIDGE ROAD	
CITY-STATE-ZIP	SELLERSBURG IN 47172	
NAME	D SMYLIE, THOMAS	<input type="checkbox"/> Delete
STREET ADDRESS	3005 WINCHESTER AVENUE	
CITY-STATE-ZIP	PHILADELPHIA PA 19136	
NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-STATE-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-STATE-ZIP		
NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-STATE-ZIP		
NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-STATE-ZIP		
NAME	MANN, GEORGE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	8165 CELESTE DRIVE #2126	
CITY-STATE-ZIP	NAPLES, FL 34113	
NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-STATE-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GEORGE MANN

Date

Daytime Phone #

3/30/07 239-642-8872