2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006875

FILED Feb 11, 2009 Secretary of State

Entity Name: FLAMINGO FAIRWAYS TWO CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 8155 CELESTE DRIVE NAPLES, FL 34113 **Current Mailing Address: New Mailing Address:** P.O. BOX 2397 MARCO ISLAND, FL 34146 US FEI Number: 58-2534449 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ANDRADE, TONY 601 ELKCAM CIRCLE #B-7 MARCO ISLAND, FL 34145 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition MOTT. ANN Name: Name: 19 MUIRFIELD COURT Address: Address: City-St-Zip: PITTSFORD, NY 14534 City-St-Zip: Title: Title: (X) Change () Addition () Delete Name: BRESETTE, ROBERTA Name: BRESETTE, ROBERTA Address: 3888 GREENWOOD AVE Address: 3888 GREENWOOD AVE City-St-Zip: ROCHESTER HILLS, MI 48309 City-St-Zip: ROCHESTER HILLS, MI 48309 Title: () Delete Title: (X) Change () Addition ROLLINS, STEVE ROLLINS, STEVE Name: Name: 101 LINCOLN WOODS ROAD 101 LINCOLN WOODS ROAD Address: Address: City-St-Zip: WALTHAM, MA 02451 City-St-Zip: WALTHAM, MA 02451 Title: () Delete Title: (X) Change () Addition Name: SMYLIE, THOMAS Name: SMYLIE, THOMAS 3005 WINCHESTER AVENUE 3005 WINCHESTER AVENUE Address: Address: City-St-Zip: PHILADELPHIA, PA 19136 City-St-Zip: PHILADELPHIA, PA 19136 Title: () Delete Title: (X) Change () Addition MANN, GEORGE MANN, GEORGE Name: Name: 8165 CELESTE DRIVE #2126 8165 CELESTE DRIVE #2126 Address: Address: NAPLES, FL 34113 City-St-Zip: NAPLES, FL 34113 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: TONY ANDRADE RA 02/11/2009