
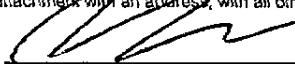


**-2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 10, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N01000008395</b>		
1. Entity Name <b>FLAMINGO PARK OF COMMERCE I CONDOMINIUM ASSOCIATION, INC.</b>		
Principal Place of Business <b>12002 MIRAMAR PARKWAY MIRAMAR, FL 33025</b>		Mailing Address <b>12002 MIRAMAR PARKWAY MIRAMAR, FL 33025</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
		01092006 No Chg-NP CR2E037 (11/05)
4. FEI Number <b>30-0060841</b>		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent  <b>LEVINE, ALAN W ESQ LEVING &amp; PARTNERS PA 1110 BRICKELL AVENUE SEVENTH FLOOR MIAMI, FL 33131</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____</small>		
<b>Filing Fee is \$51.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST HOWELL, DAVID M 12002 MIRAMAR PARKWAY MIRAMAR, FL 33025	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OSBORN, ROBERT P 12002 MIRAMAR PARKWAY MIRAMAR, FL 33025	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CABRAL, BELLA 12002 MIRAMAR PARKWAY MIRAMAR, FL 33025	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE 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 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 like empowered.		
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		