

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 27, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # N02000000368**

1. Entity Name  
**FLAGLER'S CROSSING CONDOMINIUM ASSOCIATION,  
INC.**



Principal Place of Business  
**920 THIRD ST  
SUITE C  
NEPTUNE BEACH, FL 32266 US**

Mailing Address  
**920 THIRD ST  
SUITE C  
NEPTUNE BEACH, FL 32266 US**



04132007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**68-0489856**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**PARKS, FRANCES C  
920 THIRD ST  
SUITE C  
NEPTUNE BEACH, FL 32266**

**DO NOT WRITE  
IN THIS SPACE**

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

**Filing Fee is \$81.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY- ST- ZIP	P CUMMINGS, MICHELE 116 THIRD AVE. SOUTH JACKSONVILLE BEACH, FL 32250
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP SWEETING, SONDR 201 10TH AVE #103 JACKSONVILLE BEACH, FL 32250
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D MCCLAIN, BARBARA 210 1TH AVE NORTH #101 JACKSONVILLE BEACH, FL 32250
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
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**DO NOT WRITE  
IN THIS SPACE**

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05/14/07-80003-025 61.25

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #