2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# N02000000368

Entity Name: FLAGLER'S CROSSING CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

920 THIRD ST
SUITE C
NEPTUNE BEACH, FL 32266 US

New Principal Place of Business:

1112 THIRD ST
SUITE 5
NEPTUNE BEACH, FL 32266 US

Current Mailing Address:

920 THIRD ST
SUITE C
NEPTUNE BEACH, FL 32266 US

New Mailing Address:

1112 THIRD ST
SUITE 5
NEPTUNE BEACH, FL 32266 US

FEI Number: 68-0489856 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

PARKS, FRANCES C
1112 THIRD ST
SUITE 5
NEPTUNE BEACH, FL 32266 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: 04/15/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: CUMMINGS, MICHELE
Address: 116 THIRD AVE. SOUTH
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: VP ( ) Delete
Name: SWEETING, SONDRA
Address: 201 10TH AVE #103
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: D ( ) Delete
Name: MCCLAIN, BARBARA
Address: 210 1TH AVE NORTH #101
City-St-Zip: JACKSONVILLE BEACH, FL 32250

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change ( ) Addition
Name: CUMMINGS, MICHELE
Address: 116 THIRD AVE. SOUTH
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: P (X) Change ( ) Addition
Name: SWEETING, SONDRA
Address: 201 10TH AVE #103
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: D (X) Change ( ) Addition
Name: WADDELL, CASSIE
Address: 210 1TH AVE NORTH #304
City-St-Zip: JACKSONVILLE BEACH, FL 32250

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: SONDRA SWEETING PRES 04/15/2009
Electronic Signature of Signing Officer or Director — Date