

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

FILED

**Feb 09, 2006 08:00 AM
Secretary of State**

DOCUMENT # N02000009106

1. Entity Name
3305 FLAMINGO CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

3305 FLAMINGO DR.
VERO BEACH, FL 32963

Mailing Address

3305 FLAMINGO DR.
VERO BEACH, FL 32963



01192006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
51-0437059

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ZIMMER, JEFFREY J
3305 FLAMINGO DR
VERO BEACH, FL 32963

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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 \$61.25
Due by May 1, 2006**

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
DP
ZIMMER, JEFFREY J
3305 FLAMINGO DR.
VERO BEACH, FL 32963

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DS
CAULEY, ROBERT E
3305 FLAMINGO DR.
VERO BEACH, FL 32963

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DT
LUEDKE, AMBER
3305 FLAMINGO DR.
VERO BEACH, FL 32963

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000425776
02/20/06-80015-018 70.00

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IN THIS SPACE**

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 #