


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90274 027 ****61.25

DOCUMENT # N03000003556
1. Entity Name
FLAMINGO SHORES RESIDENTS, INC.



Principal Place of Business Mailing Address
C/O DOROTHY GAY C/O DOROTHY GAY
65 PALM LANE DRIVE 65 PALM LANE DRIVE
WINTER HAVEN FL 33881 WINTER HAVEN FL 33881

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-2396805** Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**CLARK, RONALD L
500 S FLORIDA AVE
SUITE 800
LAKELAND FL 33801**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	LUBBERT, CASEY	
STREET ADDRESS	45 PALM LANE DRIVE	
CITY-ST-ZIP	WINTER HAVEN FL 33881	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	PATCH, VIOLET	
STREET ADDRESS	36 PALM LANE DR	
CITY-ST-ZIP	WINTER HAVEN FL 33881	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GAINES, HELEN	
STREET ADDRESS	10 GARDEN WAY	
CITY-ST-ZIP	WINTER HAVEN FL 33881	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GAY, DOROTHY	
STREET ADDRESS	65 PALM LANE DRIVE	
CITY-ST-ZIP	WINTER HAVEN FL 33881	
TITLE	ATD	<input checked="" type="checkbox"/> Delete
NAME	CARNEY, SALLY	
STREET ADDRESS	61 PALM LANE DRIVE	
CITY-ST-ZIP	WINTER HAVEN FL 33881	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dick Carney	
STREET ADDR.	50 Palm Lane Drive	
CITY-ST-ZIP	Winter Haven, FL. 33881	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dick Howe	
STREET ADDRESS	34 Palm Lane Dr.	
CITY-ST-ZIP	Winter Haven, FL. 33881	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Delmer Fry	
STREET ADDRESS	305 Palm Lane Dr.	
CITY-ST-ZIP	Winter Haven, FL. 33881	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jim Gay	
STREET ADDRESS	65 Palm Lane Dr.	
CITY-ST-ZIP	Winter Haven, FL. 33881	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Urbain Roberge	
STREET ADDRESS	44 Palm Lane Dr.	
CITY-ST-ZIP	Winter Haven, FL. 33881	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Section 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: Dorothy M. Gay HOA Secretary March 16, 2006 863-956-5107