


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 27, 2007 8:00 am
Secretary of State

03-27-2007 90017 049 ****61.25

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



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



2. Principal Place of Business - No P.O. Box #
C/o Beverly Tucker
Suite, Apt. #, etc.
47 Palm Lane, Dr West

3. Mailing Address
C/o Beverly Tucker
Suite, Apt. #, etc.
47 Palm Lane Dr West

1st MOORE CR2E037 (10/06)

City & State
Winter Haven, FL

City & State
Winter Haven, FL

Zip Country
33881 USA

Zip Country
33881 USA

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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 NAME STREET ADDRESS CITY - ST - ZIP	PD LUBBERT, CASEY 45 PALM LANE DRIVE WINTER HAVEN FL 33881 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD PATCH, VIOLET 36 PALM LANE DR WINTER HAVEN FL 33881 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD GAINES, HELEN 10 GARDEN WAY WINTER HAVEN FL 33881 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD GAY, DOROTHY 65 PALM LANE DRIVE WINTER HAVEN FL 33881 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CARNEY, DICK 50 PALM LANE DRIVE WINTER HAVEN FL 33881 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HOWE, DICK 34 PALM LANE DR WINTER HAVEN FL 33881 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Roberge Urbain 44 Palm Lane Dr Winter Haven, FL 33881 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Butnick, Jerry 82 Palm Lane Dr Winter Haven, FL 33881 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Rubrako, Ken 49 Palm Lane Dr Winter Haven, FL 33881 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD Tucker, Beverly 47 Palm Lane Dr Winter Haven, FL 33881 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Beverly Tucker* *March 16, 2007* *863-956-3720*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #