## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N03000003938

FILED Apr 03, 2007 Secretary of State

Entity Name: FLAGLER POINTE CONDOMINIUM ASSOCIATION OF WPB, INC.

**Current Principal Place of Business: New Principal Place of Business:** 2328 S CONGRESS AVE STE 1-C WEST PALM BEACH, FL 33406 **New Mailing Address: Current Mailing Address:** 2328 S CONGRESS AVE STE 1-C WEST PALM BEACH, FL 33406 FEI Number: 02-0694238 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BECKER & POLIAKOFF, PA 625 N FLAGLER DR 7TH FL WEST PALM BEACH, FL 33406 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition ROBINS, ELLIS Name: Name: 1801 N FLAGLER DR # 629 Address: Address: City-St-Zip: WEST PALM BEACH, FL 33407 City-St-Zip: Title: VD Title: VD (X) Change ( ) Addition () Delete CLIFF, DAVID Name: CEJA, ANGELINA Name: Address: 1801 N. FLAGLER DR. #240 Address: 1801 N. FLAGLER DR. #726 City-St-Zip: W. PALM BCH, FL 33407 City-St-Zip: W. PALM BCH, FL 33407 Title: () Delete Title: TD (X) Change ( ) Addition WALTER, GRETCHIN KLEIN, GARY Name: Name: 1801 N FLAGLER DR # 111 Address: Address: 1801 N FLAGLER DR # 502 City-St-Zip: W. PALM BCH, FL 33407 City-St-Zip: W. PALM BCH, FL 33407 Title: TD ( ) Delete Title: SD (X) Change ( ) Addition Name: LEATH, MICHAEL Name: GARDNER, MILLARE Address: 1801 N FLAGLER DR # 111 Address: 1801 N FLAGLER DR # 217 City-St-Zip: WEST PALM BEACH, FL 33407 City-St-Zip: WEST PALM BEACH, FL 33407 Title: () Delete Title: () Change () Addition SANTIGATE, JOSEPH A Name: Name: 1801 N FLAGLER DR #730 Address: Address: City-St-Zip: WEST PALM BEACH, FL 33407 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: ELLIS ROBBINS PD 04/03/2007