

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
Jul 11, 2007
Secretary of State**

DOCUMENT# N03000003938

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

Current Principal Place of Business:1801 N. FLAGLER DR.
WEST PALM BEACH, FL 33407**New Principal Place of Business:****Current Mailing Address:**1801 N. FLAGLER DR.
WEST PALM BEACH, FL 33407**New Mailing Address:**

FEI Number: 02-0694238

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:BECKER & POLIAKOFF, PA
625 N FLAGLER DR
7TH FL
WEST PALM BEACH, FL 33406 US**Name and Address of New Registered Agent:**MICHAEL A. KAUFMAN, P.A.
8750 MARLAMOOD LANE
WEST PALM BEACH, FL 33412 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: MICHAEL KAUFMAN

07/11/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: P () Delete
Name: SOFIA, THEODORE
Address: 1801 N FLAGLER DR # 739
City-St-Zip: WEST PALM BEACH, FL 33407Title: VP () Delete
Name: SCARFIA, MICHAEL
Address: 5 DEWEY AVENUE
City-St-Zip: STATEN ISLAND NEW YORK, NY 10308Title: ST () Delete
Name: HERMES, JOSEPH
Address: 1801 N FLAGLER DR # 109
City-St-Zip: WEST PALM BEACH, FL 33407Title: D () Delete
Name: CONNOLLY, RICHARD
Address: 16 E. VALLEY CREEK DR.
City-St-Zip: PLYMOUTH MEETING, PA 19462Title: D (X) Delete
Name: KLEIN, GARY
Address: 1801 N FLAGLER DR #502
City-St-Zip: WEST PALM BEACH, FL 33407**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: PD (X) Change () Addition
Name: SOFIA, THEODORE
Address: 1801 N FLAGLER DR # 739
City-St-Zip: WEST PALM BEACH, FL 33407Title: VPD (X) Change () Addition
Name: SCARFIA, MICHAEL
Address: 5 DEWEY AVENUE
City-St-Zip: STATEN ISLAND NEW YORK, NY 10308Title: TSD (X) Change () Addition
Name: HERMES, JOSEPH
Address: 1801 N FLAGLER DR # 109
City-St-Zip: WEST PALM BEACH, FL 33407Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MICHAEL A KAUFMAN, ESQ

ESQ

07/11/2007

Electronic Signature of Signing Officer or Director

Date