

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

07 JUN 25 PM 12:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # N03000003938 1. Entity Name FLAGLER POINTE CONDOMINIUM ASSOCIATION OF WPB, INC.					
Principal Place of Business 1801 N. FLAGLER DR. WEST PALM BEACH, FL. 33407			Mailing Address 1801 N. FLAGLER DR. WEST PALM BEACH, FL. 33407		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 06122007 Chg-NP CR2E037 (12/06) 02-0694238	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BECKER & POLIAKOFF, PA 625 N FLAGLER DR 7TH FL WEST PALM BEACH, FL 33406			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 _____					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROBINS, ELLIS 1801 N FLAGLER DR # 629 WEST PALM BEACH, FL 33407	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SOFIA, THEODORE 1801 N. FLAGLER DR., #739 WEST PALM BEACH, FL 33407	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CEJA, ANGELINA 1801 N. FLAGLER DR. #726 W. PALM BCH, FL 33407	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SCARFIA, MICHAEL 5 DEWEY AVENUE STATEN ISLAND NEW YORK, NY 10308	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KLEIN, GARY 1801 N FLAGLER DR # 502 W. PALM BCH, FL 33407	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY - TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition HERMES, JOSEPH 1801 N. FLAGLER DR., #109 WEST PALM BEACH, FL 33407	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GARDNER, MILLARE 1801 N FLAGLER DR # 217 WEST PALM BEACH, FL 33407	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition CONNOLLY, RICHARD 16 E. VALLEY CREEK DR. PLYMOUTH MEETING, PA 19462	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANTIGATE, JOSEPH A 1801 N FLAGLER DR #730 WEST PALM BEACH, FL 33407	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition KLEIN, GARY 1801 N. FLAGLER DR # 502 WEST PALM BEACH, FL 33407	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500105295485 07/03/07--01015--003 **61.25	



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4. FEI Number 02-0694238 Applied For Not Applicable

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

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: _____ 6.16.07 561.749.5970
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #