

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007435

FILED  
Jan 06, 2009  
Secretary of State

**Entity Name:** FLORES DE LA PLAYA CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

245 HWY A1A  
SATELLITE BEACH, FL 32937

**New Principal Place of Business:**

**Current Mailing Address:**

245 HWY A1A  
SATELLITE BEACH, FL 32937

**New Mailing Address:**

**FEI Number:** 20-0224449

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ENGEL, JOHN E  
FLORES DE LA PLAYA CONDO  
245 HWY A1A  
SATELLITE BEACH, FL 32937 US

**Name and Address of New Registered Agent:**

ENGEL, JOHN E  
245 HWY A1A  
601  
SATELLITE BEACH, FL 32937 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:

01/06/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: ARAN, TERRY  
Address: 245 HWY A1A #501  
City-St-Zip: SATELLITE BEACH, FL 32937

Title: VP (X) Delete  
Name: MAGDI, KAMIL  
Address: 3478 CAPPJO DRIVE  
City-St-Zip: MELBOURNE, FL 32940

Title: VP ( ) Delete  
Name: TRAINA, PAT  
Address: 245 HWY A1A #201  
City-St-Zip: SATELLITE BEACH, FL 32937

Title: T ( ) Delete  
Name: ENGEL, JOHN  
Address: 245 HWY A1A #601  
City-St-Zip: SATELLITE BEACH, FL 32937

Title: S ( ) Delete  
Name: HOLLIDAY, PATRICIA  
Address: 245 HWY A1A #203  
City-St-Zip: SATELLITE BEACH, FL 32937

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) 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: JOHN E ENGEL

T

01/06/2009

Electronic Signature of Signing Officer or Director

Date