2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 22, 2008 8:00 am
Secretary of State
05-22-2008 90015 008 ****61.25

DOCUMENT # N03049

1. Entity Name
THE FLAGLER HOUSE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3705 SOUTH FLAGLER DRIVE WEST PALM BEACH, FL 33405	3705 SOUTH FLAGLER DRIVE WEST PALM BEACH, FL 33405

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

01172008 Chg-NP CR2E037 (12/06)

4. FEI Number 65-0070910 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FRANKLIN, LARRY 3705 S. FLAGLER DR. % FLAGLER HOUSE WEST PALM BEACH, FL 33405	Name Shauna Sauls 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)

Filing Fee is $61.25
Due by May 1, 2008

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HONCHAR, ROBT D 2416 MEDINA WAY WEST PALM BEACH, FL 33401	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Stevie Wallen 3705 S. Flagler Dr. #8 WPB, FL 33405	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD WALLEN, STEVIE 3705 S FLAGLER DR #28 WEST PALM BEACH, FL 33405	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Sandra Burke 3705 S. Flagler Dr. #1 WPB, FL 33405	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD CAVANAGH, DONNA J 3705 S FLAGLER DRIVE #14 WEST PALM BEACH, FL 33405	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Donna Walsh 3705 S. Flagler Dr. #14 WPB, FL 33405	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD CITSAY, CHORLYNE 3705 S FLAGLER #16 WEST PALM BEACH, FL 33405	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Charlyne Citsay 3705 S. Flagler Dr. #16 WPB, FL 33405	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Stephanie Wallen STEPHANIE WALLEN PRES. 4/28/08 Mon. 9:00 A.M.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
561-319-0012