2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011574

FILED Mar 22, 2009 Secretary of State

Entity Name: FLAGLER LANDING CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

New Principal Place of Business:

C/O ALLISON MANAGEMENT SERVICES

% PRIME MANAGEMENT 2074 W INDIANTOWN RD STE 200

325 CLEMATIS ST., SUITE 202

WEST PALM BEACH, FL 33401

JUPITER, FL 334585713 **Current Mailing Address:**

New Mailing Address:

% PRIME MANAGEMENT 2074 W INDIANTOWN RD STE 200 C/O ALLISON MANAGEMENT SERVICES 325 CLEMATIS ST., SUITE 202

JUPITER, FL 334585713

WEST PALM BEACH, FL 33401

FEI Number: 20-3096756

FEI Number Applied For () FEI Number Not Applicable ()

Title:

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

GELFAND, MICHAEL J ESQ C/O GELFAND & ARIE, PA

GELFAND, MICHAEL J ESQ C/O GELFAND & ARPE, PA

1555 PALM BEACH LAKES BLVD STE 1220 WEST PALM BEACH, FL 33401 US

1555 PALM BEACH LAKES BLVD STE 1220 WEST PALM BEACH, FL 33401 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:

03/22/2009

Electronic Signature of Registered Agent

Date

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition

OFFICERS AND DIRECTORS:

(X) Change () Addition

() Delete ABRAMS, SPENCER Name:

GRANBY, ALAN Name: Address: 3900 N FLAGLER DR

3920 N FLAGLER DR APT 402 Address: City-St-Zip: WEST PALM BEACH, FL 33407

City-St-Zip: WEST PALM BEACH, FL 33407

Title: VD () Delete Title: (X) Change () Addition Name: MCLEARY, JOYCE

GRANBY, ALAN Name: Address: 3910 N FLAGLER DR APT 401

Address: 3900 N FLAGLER DR

City-St-Zip: WEST PALM BEACH, FL 33407

City-St-Zip: WEST PALM BEACH, FL 33407

Title: TSD () Delete BRANCH, RANDY Name:

TSD Name: KASSATLEY, CAMILLE Address: 3900 N FLAGLER DR

3960 N FLAGLER DR APT 201 Address: City-St-Zip: WEST PALM BEACH, FL 33407

City-St-Zip: WEST PALM BEACH, FL 33407

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: MIKE ALLISON MGR 03/22/2009