

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011574

FILED
May 03, 2010
Secretary of State

Entity Name: FLAGLER LANDING CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

C/O ALLISON MANAGEMENT SERVICES
325 CLEMATIS ST., SUITE 202
WEST PALM BEACH, FL 33401

New Principal Place of Business:

Current Mailing Address:

C/O ALLISON MANAGEMENT SERVICES
325 CLEMATIS ST., SUITE 202
WEST PALM BEACH, FL 33401

New Mailing Address:

FEI Number: 20-3096756 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

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

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: GRANBY, ALAN
Address: ALLISON MANAGEMENT, 325 CLEMATIS ST #202
City-St-Zip: WEST PALM BEACH, FL 33401

Title: VD
Name: MCLEARY, JOYCE
Address: ALLISON MANAGEMENT, 325 CLEMATIS ST #202
City-St-Zip: WEST PALM BEACH, FL 33401

Title: TSD
Name: KASSATLY, CAMILLE
Address: ALLISON MANAGEMENT, 325 CLEMATIS ST #202
City-St-Zip: WEST PALM BEACH, FL 33401

I hereby 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 all other like empowered.

SIGNATURE: CAMILLE KASSATLY

SEC

05/03/2010

Electronic Signature of Signing Officer or Director

Date