

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011574

FILED  
Feb 17, 2011  
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:

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

## Current Mailing Address:

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

## New Mailing Address:

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

FEI Number: 20-3096756

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GELFAND, MICHAEL J ESQ  
C/O GELFAND & ARPE, PA  
1555 PALM BEACH LAKES BLVD STE 1220  
WEST PALM BEACH, FL 33401 US

## Name and Address of New Registered Agent:

GELFAND, MICHAEL J  
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: MICHAEL J GELFAND

02/17/2011

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: WOOD, PATRICIA  
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

02/17/2011

Electronic Signature of Signing Officer or Director

Date