

# 2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

2007 OCT -1 PM 4:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



02152007 Chg-NP CR2E037 (12/06)

DOCUMENT # N04255			
1. Entity Name FLAMINGO ROAD TOWNHOUSE ASSOCIATION, INC.			
Principal Place of Business 4833 FLAMINGO ROAD TAMPA, FL 33611		Mailing Address 4833 FLAMINGO ROAD TAMPA, FL 33611	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 4833 FLAMINGO RD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State TAMPA, FL	
Zip	Country	Zip	Country
33611	USA	33611	USA
4. FEI Number 59-2877199		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	
PARKER, JERELYN 4841 W FLAMINGO TAMPA, FL 33611		Name JAN BERGER Street Address (P.O. Box Number is Not Acceptable) 4833 W. FLAMINGO RD City TAMPA FL Zip Code 33611	
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 Signature, typed or printed name of registered agent and title if applicable.		DATE 5/5/17	
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PARKER, JERELYN 4841 W FLAMINGO RD TAMPA, FL 33611 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LISTER, JOHN & CATHY 4829 FLAMINGO ROAD TAMPA, FL 33611 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600110515336 10/03/07--01010--018 **70.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DELONG, KRISTINE 4839 FLAMINGO RD. TAMPA, FL 33611 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FELSON, JORDAN & ALI 4831 FLAMINGO RD TAMPA, FL 33611 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Ryan Strzelecki <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAMARGO, LISA RAE 4837 FLAMINGO RD TAMPA, FL 33611 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BERGER, JAN & JOE 4833 FLAMINGO ROAD TAMPA, FL 33611 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> 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:		Date: 2/23/07	
SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

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