



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 08:00 A
Secretary of State

DOCUMENT # N05000002148	
1. Entity Name FLAMINGO PARK OF COMMERCE II CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business 12002 MIRAMAR PARKWAY MIRAMAR, FL 33025	Mailing Address 12002 MIRAMAR PARKWAY MIRAMAR, FL 33025
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DO NOT WRITE IN THIS SPACE



04262007 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-1045913	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**HOWELL, DAVID M
12002 MIRAMAR PARKWAY
MIRAMAR, FL 33025**

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IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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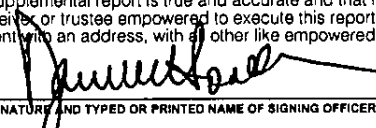
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HOWELL, DAVID M 12002 MIRAMAR PARKWAY MIRAMAR, FL 33025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR OSBORN, ROBERT P 12002 MIRAMAR PARKWAY MIRAMAR, FL 33025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC CABRAL, BELMIRA 12002 MIRAMAR PARKWAY MIRAMAR, FL 33025
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05/21/07-80014-021 61.25

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 to an address, with all other like empowered.

SIGNATURE:  _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____