


\$ 61.25

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N05000002148

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



FILED
 07 MAY 11 AM 8:07
 DEPARTMENT OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address

12002 MIRAMAR PARKWAY 12002 MIRAMAR PARKWAY
 MIRAMAR, FL 33025 MIRAMAR, FL 33025



01232007 No Chg-NP CR2E037 (4/06)

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4. FEI Number Applied For
 65-1045913 Not Applicable

5. Certificate of Status Desired \$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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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>AS/22</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____