

\$ 61.25

## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

FILED

07 MAY 11 AM 8:07

CLERK OF THE STATE  
TALLAHASSEE, FLORIDA



01232007 No Chg-NP

CR2E037 (4/06)

4. FEI Number  
65-1045913

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HOWELL, DAVID M  
12002 MIRAMAR PARKWAY  
MIRAMAR, FL 33025

DO NOT WRITE  
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

Signature, typed or printed name of registered agent and title if applicable.

(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. ☐

\$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

*Handwritten signature*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

600103099926  
05/23/07--01019--009 \*\*\$61.25

DO NOT WRITE  
IN THIS SPACE

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 #