2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2007
Secretary of State

DOCUMENT# N05000007414

Entity Name: FLAGLER VILLAGE CIVIC ASSOCIATION, INC.

Current Principal Place of Business:

540 N ANDREWS AVE
FT LAUDERDALE, FL 33301

New Principal Place of Business:

Current Mailing Address:

540 N ANDREWS AVE
FT LAUDERDALE, FL 33301

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LACZ, JOHN T
540 N ANDREWS AVENUE
FT LAUDERDALE, FL FL US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P (X) Delete
Name: LARSEN, ROB
Address: 540 N ANDREWS AVENUE
City-St-Zip: FT LAUDERDALE, FL 33301

Title: VP ( ) Delete
Name: LACZ, JOHN T
Address: 540 N ANDREWS AVENUE
City-St-Zip: FT LAUDERDALE, FL 33301

Title: S ( ) Delete
Name: LACZ, CAROLINA
Address: 540 N ANREWS AVENUE
City-St-Zip: FT LAUDERDALE, FL 33301

Title: T (X) Delete
Name: KRAKOWER, BARBARA
Address: 540 N ANDREWS AVENUE
City-St-Zip: FT LAUDERDALE, FL 33301

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change ( ) Addition
Name: LACZ, JOHN T
Address: 540 N ANDREWS AVENUE
City-St-Zip: FT LAUDERDALE, FL 33301

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JOHN LACZ P 04/24/2007

Electronic Signature of Signing Officer or Director — Date