


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # N05532
 1. Entity Name
FLAGLER POINT CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
 220 S. 26TH STREET P.O. BOX 252
 FLAGLER BEACH, FL 32136 FLAGLER BEACH, FL 32136

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01312006 No Chg-NP CRZE037 (11/05)

4. FEI Number Applied For
 59-3711756 Not Applicable

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

6. Name and Address of Current Registered Agent
 FLANAGAN, BERNICE
 220 SO. 26TH ST
 UNIT #7
 FLAGLER BEACH,, FL 32136

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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, 2006

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	PD ROSE, PEGGY 220 S 26TH STREET UNIT #5 FLAGLER BEACH, FL 32136
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MINGLEDORFF, CHRISTA 220 S 26TH ST UNIT #2 FLAGLER BEACH, FL 32136
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LEONARDO, LAURA PO BOX 825 FLAGLER BEACH, FL 32136
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FLANAGAN, BERNICE P.O. BOX 958, 220 S 26TH ST, UNIT #7 FLAGLER BEACH, FL 32136
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 02/15/06-80062-024 70.00

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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: Bernice Flanagan / BERNICE FLANAGAN TREASURER Date: 1/27/06 Daytime Phone #: 386 4397038

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR