


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90069 048 ****70.00

DOCUMENT # N05532			
1. Entity Name FLAGLER POINT CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 220 S. 26TH STREET FLAGLER BEACH, FL 32136		Mailing Address P.O. BOX 252 FLAGLER BEACH, FL 32136	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
FLANAGAN, BERNICE 220 SO. 26TH ST UNIT #7 FLAGLER BEACH, FL 32136		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROSE, PEGGY <input type="checkbox"/> Delete 220 S 26TH STREET UNIT #5 FLAGLER BEACH, FL 32136	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MINGLEDORFF, CHRISTA <input type="checkbox"/> Delete 220 S 26TH ST UNIT #2 FLAGLER BEACH, FL 32136	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LEONARDO, LAURA <input checked="" type="checkbox"/> Delete PO BOX 825 FLAGLER BEACH, FL 32136	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MINGLEDORFF, CHRISTA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 220 S. 26TH ST. UNIT #2 FLAGLER BEACH, FL 32136
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FLANAGAN, BERNICE <input type="checkbox"/> Delete P.O. BOX 958, 220 S 26TH ST, UNIT #7 FLAGLER BEACH, FL 32136	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Bernice Flanagan</i> BERNICE FLANAGAN		Date: 1/23/07 Daytime Phone #: 386439-7038	



01232007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-3711756 Applied For Not Applicable

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