

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05532

FILED  
May 07, 2009  
Secretary of State

Entity Name: FLAGLER POINT CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

220 S. 26TH STREET  
FLAGLER BEACH, FL 32136

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 252  
FLAGLER BEACH, FL 32136

**New Mailing Address:**

FEI Number: 59-3711756      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

FLANAGAN, BERNICE  
220 SO. 26TH ST  
UNIT #7  
FLAGLER BEACH,, FL 32136 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: PD ( ) Delete  
Name: ROSE, PEGGY  
Address: 220 S 26TH STREET UNIT #5  
City-St-Zip: FLAGLER BEACH, FL 32136

Title: VD ( ) Delete  
Name: MINGLEDORFF, CHRISTA  
Address: 220 S 26TH ST UNIT #2  
City-St-Zip: FLAGLER BEACH, FL 32136

Title: VD ( ) Delete  
Name: STOBBE, M. ELYSIA  
Address: 235 CASA SEVILLA AVE  
City-St-Zip: SAINT AUGUSTINE, FL 32092

Title: TD ( ) Delete  
Name: FLANAGAN, BERNICE  
Address: P.O. BOX 958, 220 S 26TH ST, UNIT #7  
City-St-Zip: FLAGLER BEACH, FL 32136

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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 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: PEGGY ROSE

PD

05/07/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date