## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N06000002979

FILED Mar 28, 2008 Secretary of State

Entity Name: FLAGSHIP PARK CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

3434 COLWELL AVENUE 2180 WEST SR 434 SUITE 200 SUITE 5000

TAMPA, FL 33614 LONGWOOD, FL 32779

Current Mailing Address: New Mailing Address:

3434 COLWELL AVENUE 2180 WEST SR 434

SUITE 200 SUITE 5000

TAMPA, FL 33614 LONGWOOD, FL 32779

FEI Number: 33-1208775 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

RIZZETTA & COMPANY, INC. 3434 COLWELL AVENUE

SUITE 200 TAMPA, FL 33614 US

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.

HART, JAMES W JR

SENTRY MANAGEMENT INC

LONGWOOD, FL 32779 US

2180 WEST SR 434 SUITE 5000

SIGNATURE: JAMES W HART JR 03/28/2008

Electronic Signature of Registered Agent Date

## OFFICERS AND DIRECTORS: ADDITIONS/CHAN

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P ( ) Delete Title: PD (X) Change ( ) Addition

Name: ELLIS, JAMES Name: GOOLSBY, COLLIN A
Address: 5850 T. G. LEE BOULEVARD, SUITE 600 Address: 2230 SAN JACINTO CIR

City-St-Zip: ORLANDO, FL 32822 City-St-Zip: SANFORD, FL 32771

Title: ST ( ) Delete Title: VPD (X) Change ( ) Addition Name: MURPHY, BRANDY S Name: JAHELKA, JUSTIN

Address: 5850 T. G. LEE BOULEVARD, SUITE 600 Address: 1810 SAN JACINTO CIR City-St-Zip: ORLANDO, FL 32822 City-St-Zip: SANFORD, FL 32771

Title: VP ( ) Delete Title: STD (X) Change ( ) Addition

 Name:
 ARIELI, JILL
 Name:
 JOYNER, KYMBERLY

 Address:
 5850 T. G. LEE BOULEVARD, SUITE 600
 Address:
 3720 SAN JACINTO CIR

 City-St-Zip:
 ORLANDO, FL 32822
 City-St-Zip:
 SANFORD, FL 32771

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: COLLIN A GOOLSBY PD 03/28/2008