

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 31, 2007 8:00 am
Secretary of State

04-30-2007 90419 015 ****61.25

DOCUMENT # N06000003356 1. Entity Name FLAMINGO VILLAGE OF DAVIE HOMEOWNERS ASSOCIATION INC.					
Principal Place of Business 350 SOUTH OCEAN BOULEVARD BOCA RATON, FL 33432			Mailing Address 350 SOUTH OCEAN BOULEVARD BOCA RATON, FL 33432		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-8088723	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LANDAU, MARK 350 SOUTH OCEAN BOULEVARD BOCA RATON, FL 33432				7. Name and Address of New Registered Agent 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)					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution ☐ \$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	D LANDAU, MARK 350 SOUTH OCEAN BOULEVARD BOCA RATON, FL 33432	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KLEIN, MICHAEL 350 SOUTH OCEAN BOULEVARD BOCA RATON, FL 33432	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FESSLER, ERIC 350 SOUTH OCEAN BOULEVARD BOCA RATON, FL 33432	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ 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:					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					