

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 09, 2008 8:00 am**  
**Secretary of State**

04-09-2008 90036 016 \*\*\*\*61.25

<b>DOCUMENT # N06000004142</b>					
<b>1. Entity Name</b> FLAMINGO PAVILION CONDOMINIUM ASSOCIATION, INC.					
<b>Principal Place of Business</b> 12600 PEMBROKE ROAD MIRAMAR, FL 33027			<b>Mailing Address</b> 1145 SAWGRASS SUNRISE, FL 33323		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>		40063235 	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02072008    Chg-NP    CR2E037 (12/06)	
City & State		City & State		<b>4. FEI Number</b> 20-4827604	
Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
WEINBERG, STEVEN A ESQUIRE FRANK WEINBERG & BLACK, P.L. 7805 SW 6 COURT PLANTATION, FL 33324			<i>Bakalar &amp; Eichner, P.A.</i> Westside Corporate Center 150 South Pine Island Road, Suite 540 Plantation, FL 33324		
<b>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.</b>					
SIGNATURE: <i>Bakalar &amp; Eichner</i>				DATE: <i>3/27/08</i>	
Signature, typed or printed name of registered agent and title if applicable.				(NOTE: Registered Agent signature required when reinstating)	
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> P <b>NAME</b> GOZLEVELI, FARIDEH V <b>STREET ADDRESS</b> 1145 SAWGRASS CORPORATE PKWY <b>CITY-ST-ZIP</b> SUNRISE, FL 33323	<input type="checkbox"/> Delete		<b>TITLE</b> <i>ST</i> <b>NAME</b> <i>Dr. Dwight Benjamin</i> <b>STREET ADDRESS</b> <i>1145 Sawgrass Corp. Pkwy.</i> <b>CITY-ST-ZIP</b> <i>Sunrise, FL 33323</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> ST <b>NAME</b> GARCIA, JUAN L <b>STREET ADDRESS</b> 1145 SAWGRASS CORPORATE PKWY <b>CITY-ST-ZIP</b> SUNRISE, FL 33323	<input checked="" type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> T <b>NAME</b> CORTES, GINA <b>STREET ADDRESS</b> 1145 SAWGRASS CORPORATE PKWY <b>CITY-ST-ZIP</b> SUNRISE, FL 33323	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> <i>Date rec'd</i> <b>NAME</b> <i>Approved by</i> <b>STREET ADDRESS</b> <i>Off Code</i> <b>CITY-ST-ZIP</b> <i>CK# 09</i> <i>Amount</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> <i>CK Dates</i> <b>NAME</b> <i>Mailed on:</i> <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <i>X [Signature]</i>				DATE: <i>2/25/08</i> (454) 931-0958	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					