

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000004142

FILED  
Apr 17, 2009  
Secretary of State

**Entity Name:** FLAMINGO PAVILION CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

12600 PEMBROKE ROAD  
MIRAMAR, FL 33027

**New Principal Place of Business:**

**Current Mailing Address:**

1145 SAWGRASS  
SUNRISE, FL 33323

**New Mailing Address:**

**FEI Number:** 20-4827604

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

EICHNER, BAKALAR P.A.  
WESTSIDE CORPORATION CENTER  
150 SOUTH PINE ROAD, SUITE 540  
PLANTATION, FL 33324 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: P ( ) Delete  
Name: GOZLEVELI, FARIDEH V  
Address: 1145 SAWGRASS COPORATE PKWY  
City-St-Zip: SUNRISE, FL 33323

Title: ST ( ) Delete  
Name: DWIGHT, BENJAMIN DR.  
Address: 1145 SAWGRASS CORP. PKWY.  
City-St-Zip: FORT LAUDERDALE, FL 33323

Title: T ( ) Delete  
Name: CORTES, GINA  
Address: 1145 SAWGRASS CORPORATE PKWY  
City-St-Zip: SUNRISE, FL 33323

**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:

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: FARIDEH GOZLEVELI

P

04/17/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date