

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Aug 13, 2008 8:00 am**  
**Secretary of State**

08-13-2008 90002 045 \*\*\*\*61.25

**DOCUMENT # N06000005477**

1. Entity Name

**SOUTH FLAGLER CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business

1045 S. FLAGLER AVENUE  
UNIT 711  
POMPANO BEACH FL 33060

Mailing Address

1045 S. FLAGLER AVENUE  
UNIT 711  
POMPANO BEACH FL 33060



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

2nd MOORE CR2E037 (4/08)  
20-874207

4. FEI Number

AP-PLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

HERNANDEZ, HECTOR  
2850 DOUGLAS RD., SUITE 400  
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name **Becker & Poliakoff**  
~~Attention: Robert Rubinstein, Esq.~~  
Street Address (P.O. Box Number is Not Acceptable)  
**2255 Glades Road, Suite 300E**

City

**Boca Raton**

FL

Zip Code

**33431**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By September 3, 2008**

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

TITLE ☐ Delete  
NAME **DAME, SUSAN T**  
STREET ADDRESS **1045 S. FLAGLER AVENUE, UNIT 711**  
CITY-ST-ZIP **POMPANO BEACH FL 33060**

TITLE ☐ Delete  
NAME **DONNER, JHIMS**  
STREET ADDRESS **1045 S. FLAGLER AVENUE, UNIT 717**  
CITY-ST-ZIP **POMPANO BEACH FL 33060**

TITLE ☐ Delete  
NAME **HUNTER, SHERMON T**  
STREET ADDRESS **1045 S. FLAGLER AVENUE, UNIT 718**  
CITY-ST-ZIP **POMPANO BEACH FL 33060**

TITLE ☒ Delete  
NAME **OJESTAD, JOAN C**  
STREET ADDRESS **1025 S. FLAGLER AVENUE, UNIT 805**  
CITY-ST-ZIP **POMPANO BEACH FL 33060**

TITLE ☒ Delete  
NAME **BANKHEAD, DONALD A**  
STREET ADDRESS **1025 S. FLAGLER AVENUE, UNIT 807**  
CITY-ST-ZIP **POMPANO BEACH FL 33060**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition  
NAME **T**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME **V**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME **P**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME **S**  
STREET ADDRESS **Jody S Smith**  
CITY-ST-ZIP **1045 S Flagler Ave Unit 710**  
**Pompano Beach, FL 33060**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Susan T. Dame*

954-946-8007