


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 05, 2008 08:00 AM**  
**Secretary of State**


**DOCUMENT # N06000005873**

1. Entity Name  
 32 FLAGLER CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 3201 FLAGLER STREET MIAMI, FL 33155	Mailing Address C/O AMERICAN MANAGEMENT & REALTY 2011 WEST 62ND STREET HIALEAH, FL 33016
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**DO NOT WRITE IN THIS SPACE**



03262008 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-1102993	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent

AMERICAN MANAGEMENT & REALTY, INC.  
 2011 WEST 62ND STREET  
 HIALEAH, FL 33016

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee Is \$61.25 Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SURIS, ROBERTO J JR. 4949 SW 75TH AVENUE MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SURIS, ROBERTO J SR. 4949 SW 75TH AVENUE MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T SURIS, MIRTA 4949 SW 75TH AVENUE MIAMI, FL 33155
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 05/30/08-80066-004 61.25

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 another like empowered.

**SIGNATURE:**   **4-1-08 305 558-9820**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #