

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000005897

FILED
Apr 28, 2009
Secretary of State

Entity Name: FLAMINGO HIDEAWAY CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

C/O JAMES E. ELSON
616 5TH AVENUE SOUTH
NAPLES, FL 34102

New Principal Place of Business:

Current Mailing Address:

1929 IMPERIAL GOLF COURSE BLVD.
NAPLES, FL 34110

New Mailing Address:

FEI Number: 26-0364849

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ELSON, JAMES
680 8TH AVENUE
NAPLES, FL 34102 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: D () Delete
Name: ATREUS
Address: PO BOX 420367
City-St-Zip: ATLANTA, GA 30342

Title: D () Delete
Name: BOYD, CRAIG
Address: 381 6TH AVENUE SOUTH
City-St-Zip: NAPLES, FL 34102

Title: D () Delete
Name: ELSON, JAMES
Address: 680 8TH AVENUE SOUTH
City-St-Zip: NAPLES, FL 34102

Title: D () Delete
Name: LAUER, TOM
Address: 18 ORDWAY ROAD
City-St-Zip: WELLSLEY, MA 02481

Title: D () Delete
Name: JOHNSON, HENRY
Address: 570 WEST LAKE DRIVE
City-St-Zip: NAPLES, FL 34102

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: FAULKNER, GAIL C
Address: 1840 HUNTINGTON ROAD
City-St-Zip: HUNTINGDON VALLEY, PA 19006

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: CAMPBELL, MICHAEL
Address: 417 S. HI LUSI AVENUE
City-St-Zip: MOUNT PROSPECT, IL 60056

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: TOM LAUER

D

04/28/2009

Electronic Signature of Signing Officer or Director

Date