

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09727

FILED
Apr 03, 2009
Secretary of State

Entity Name: FLAMINGO LAKES TOWNHOMES ASSOCIATION, INC.

Current Principal Place of Business:

POINTE MANAGEMENT
75 NE 6 AVENUE #206
DELRAY BEACH, FL 33483 US

New Principal Place of Business:

Current Mailing Address:

POINTE MANAGEMENT
75 NE 6 AVENUE #206
DELRAY BEACH, FL 33483 US

New Mailing Address:

FEI Number: 59-2558601 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ESTEBANEZ, ERIC
C/O POINTE MGMT
75 NE 6TH AVE #206
DELRAY BEACH, FL 33483 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: S () Delete
Name: STEWART, SUSAN
Address: 12389 SW 52 PLACE
City-St-Zip: COOPER CITY, FL 33330

Title: TD () Delete
Name: FALZONE, CONNIE
Address: 12392 SW 51 CT
City-St-Zip: COOPER CITY, FL 33330

Title: P () Delete
Name: GRADY, JOSEPH
Address: 5104 SW 123RD AVE
City-St-Zip: COOPER CITY, FL 33330

Title: D () Delete
Name: LIEBSKINO, BEVERLY
Address: 5266 SW 123 AVENUE
City-St-Zip: COOPER CITY, FL 33330

Title: D () Delete
Name: PADUA, DONNA
Address: 12369 SW 51ST CT.
City-St-Zip: COOPER CITY, FL 33330

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change () Addition
Name: STEWART, SUSAN
Address: 12389 SW 52 PLACE
City-St-Zip: COOPER CITY, FL 33330

Title: PD (X) Change () Addition
Name: FALZONE, CONNIE
Address: 12392 SW 51 CT
City-St-Zip: COOPER CITY, FL 33330

Title: TD (X) Change () Addition
Name: GRADY, JOSEPH
Address: 5104 SW 123RD AVE
City-St-Zip: COOPER CITY, FL 33330

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: CONNIE FALZONE

P

04/03/2009

Electronic Signature of Signing Officer or Director

Date