

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Feb 23, 2009
Secretary of State

DOCUMENT# N12562

Entity Name: FLAMINGO VILLAS HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**391 FLAMINGO RD., N.E.
LAKE PLACID, FL 33852**New Principal Place of Business:**389 FLAMINGO RD., N.E.
LAKE PLACID, FL 33852**Current Mailing Address:**391 FLAMINGO RD., N.E.
LAKE PLACID, FL 33852 US**New Mailing Address:**691 KENILWORTH CT.
DES PLAINES, IL 60016 US**FEI Number:** 59-2935713**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**ROCKEY, CLARENCE J TREAS
391 FLAMINGO RD NE
LAKE PLACID, FL 33852 US**Name and Address of New Registered Agent:**HOFFMAN, THOMAS A SEC.
389 FLAMINGO RD NE
LAKE PLACID, FL 33852 US

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: THOMAS A. HOFFMAN

02/23/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** PD () Delete
Name: DEDECKER, HENRY
Address: 387 FLAMINGO RD NE
City-St-Zip: LAKE PLACID, FL**Title:** STD () Delete
Name: ROCKEY, CLARENCE J
Address: 391 FLAMINGO RD., N.E.
City-St-Zip: LAKE PLACID, FL 33852**Title:** VD () Delete
Name: DOUGHERTY, MICHAEL
Address: 385 FLAMINGO RD. N.E.
City-St-Zip: LAKE PLACID, FL 33852**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** PRES (X) Change () Addition
Name: DOUGHERTY, MICHAEL
Address: 385 FLAMINGO RD NE
City-St-Zip: LAKE PLACID, FL**Title:** SEC (X) Change () Addition
Name: HOFFMAN, THOMAS A
Address: 691 KENILWORTH CT.
City-St-Zip: DES PLAINES, IL 60016**Title:** VP (X) Change () Addition
Name: HOFFMAN, HEIDI
Address: 389 FLAMINGO RD. N.E.
City-St-Zip: LAKE PLACID, FL 33852

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: THOMAS A. HOFFMAN

SEC

02/23/2009

Electronic Signature of Signing Officer or Director

Date