


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 08:00 A
Secretary of State

DOCUMENT # N13430 1. Entity Name FLAMINGO VILLAS II HOMEOWNERS ASSOCIATION, INC.	
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Principal Place of Business 383 FLAMINGO RD NE LAKE PLACID, FL 33852 US	Mailing Address 383 FLAMINGO RD NE LAKE PLACID, FL 33852 US
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DO NOT WRITE IN THIS SPACE



01072008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2950480	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MECHLING, ROBERT
383 FLAMINGO RD NE
LAKE PLACID, FL 33852

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

Filing Fee is \$61.25
Due by May 1, 2008

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

U00000876077
04/11/08-80059-005 61.25

10. OFFICERS AND DIRECTORS	
TITLE	P
NAME	MECHLING, ROBERT
STREET ADDRESS	383 FLAMINGO RD NE
CITY-ST-ZIP	LAKE PLACID, FL 33852
TITLE	S/T
NAME	SORRELLS, ROBERT
STREET ADDRESS	377 FLAMINGO RD NE
CITY-ST-ZIP	LAKE PLACID, FL 33852
TITLE	VP
NAME	STUART, SONJA
STREET ADDRESS	379 FLAMINGO RD NE
CITY-ST-ZIP	LAKE PLACID, FL 33852
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE

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: Robert Mechling 3-26-08

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