

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 19, 2007 08:00 AM
Secretary of State

DOCUMENT # N35574

1. Entity Name
FLAGLER CENTER CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**C/O RICHARD PADRON
3229 FLAGLER AVE., STE. 101
KEY WEST, FL 33040 US**

Mailing Address
**C/O RICHARD PADRON
3229 FLAGLER AVE., STE. 101
KEY WEST, FL 33040 US**



01102007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2993082

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**PADRON, RICHARD
3229 FLAGLER AVE., STE. 101
KEY WEST, FL 33040**

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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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME TOMITA, TIMOTHY
STREET ADDRESS 3229 FLAGLER AVE., STE. 112
CITY-ST-ZIP KEY WEST, FL 33040

TITLE TD
NAME PADRON, RICHARD
STREET ADDRESS 3229 FLAGLER AVE., STE. 101
CITY-ST-ZIP KEY WEST, FL 33040

TITLE SD
NAME MATHER, JOSEPH
STREET ADDRESS 3229 FLAGLER AVE STE 202
CITY-ST-ZIP KEY WEST, FL 33040

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000593197
01/22/07-80021-024 61.25

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/07 (305) 296-4568
Day Daytime Phone #