

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2008 08:00 AM
Secretary of State

DOCUMENT # N35574 1. Entity Name FLAGLER CENTER CONDOMINIUM ASSOCIATION, INC.	
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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
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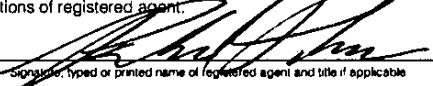
01122008 No Chg-NP CR2E037 (4/06)

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	DO NOT WRITE IN THIS SPACE
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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  DATE **1/16/08**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

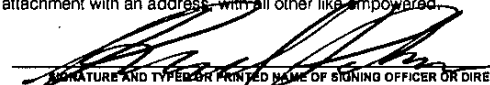
Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TOMITA, TIMOTHY 3229 FLAGLER AVE., STE. 112 KEY WEST, FL 33040
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PADRON, RICHARD 3229 FLAGLER AVE., STE. 101 KEY WEST, FL 33040
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MATHER, JOSEPH 3229 FLAGLER AVE STE 202 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	

**DO NOT WRITE
IN THIS SPACE**

01/22/08-80026-014 61.25

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:  DATE **1/16/08** DAYTIME PHONE # **(305) 296-4868**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR