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.

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

DO NOT WRITE IN THIS SPACE

01122008 No Chg-NP CR2E037 (4/06)

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 FLAGER AVE., STE. 101
KEY WEST, FL 33040

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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 _____ 1/16/08
Signature, typed or printed name of registered agent and title if applicable (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

10. OFFICERS AND DIRECTORS

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

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01/22/08-80026-014 61.25

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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: _____ 1/16/08 (305)296-4568
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #