

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36142

FILED  
Jan 16, 2005  
Secretary of State

**Entity Name:** FLAGLER CENTER II CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O GEORGE SANTANA  
3255 FLAGLER AVENUE, #308  
KEY WEST, FL 33040 US

**New Principal Place of Business:**

**Current Mailing Address:**

3224 FLAGLER AVE  
KEY WEST, FL 33040 US

**New Mailing Address:**

**FEI Number:** 65-0190291

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GEORGE SANTANA  
1411 PATRICIA ST  
KEY WEST, FL 33040 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: SANTANA, GEORGE  
Address: 1411 PATRICIA ST  
City-St-Zip: KEY WEST, FL 33040

Title: TD ( ) Delete  
Name: KIGHT, WILLIAM  
Address: 1619 JOHNSON ST  
City-St-Zip: KEY WEST, FL 33040

Title: SD ( ) Delete  
Name: SMITH, JAMES E JR  
Address: 25 ALLAMARIDA TERRACE  
City-St-Zip: KEY WEST, FL 33040

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: WILLIAM KIGHT

TD

01/16/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date