## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36142

FILED Feb 21, 2006 Secretary of State

Entity Name: FLAGLER CENTER II CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

C/O GEORGE SANTANA C/O TERRI LABRADA

3255 FLAGLER AVENUE, #308 3255 FLAGLER AVENUE, #301 KEY WEST, FL 33040 US KEY WEST, FL 33040 US

Current Mailing Address: New Mailing Address:

3224 FLAGLER AVE 3225 FLAGLER AVE

KEY WEST, FL 33040 US 301

KEY WEST, FL 33040 US

FEI Number: 65-0190291 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

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

GEORGE SANTANA

1411 PATRICIA ST

KEY WEST, FL 33040 US

TERRI LABRADA
3255 FLAGLER AVE.
301

KEY WEST, FL 33040 US

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: TERRI L LABRADA 02/21/2006

Electronic Signature of Registered Agent Date

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

Fitle: PD ( ) Delete Title: PD (X) Change ( ) Addition

 Name:
 SANTANA, GEORGE
 Name:
 DEKEYSER, RICK

 Address:
 1411 PATRICIA ST
 Address:
 3255 FLAGLER AVE #307-308

 City-St-Zip:
 KEY WEST, FL 33040
 City-St-Zip:
 KEY WEST, FL 33040

Title: TD ( ) Delete Title: TD (X) Change ( ) Addition Name: KIGHT, WILLIAM Name: LABRADA, TERRI

 Name
 LABRADA, TERRI

 Address:
 1619 JOHNSON ST
 Address:
 3255 FLAGLER AVE

 City-St-Zip:
 KEY WEST, FL 33040
 City-St-Zip:
 KEY WEST, FL 33040

Title: SD () Delete Title: SD (X) Change () Addition Name: SMITH, JAMES E JR Name: DEKEYSER, SUSAN

Name: SMITH, JAMES E JR Name: DEKEYSER, SUSAN
Address: 25 ALLAMARIDA TERRACE Address: 3255 FLAGLER AVE
City-St-Zip: KEY WEST, FL 33040 City-St-Zip: KEY WEST, FL 33040

Title: ( ) Delete Title: VP ( ) Change (X) Addition

 Name:
 Name:
 REYNOLDS, CRAIG

 Address:
 Address:
 3255 FLAGLER AVE #305-306

 City-St-Zip:
 City-St-Zip:
 KEY WEST, FL 33040 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: TERRI LABRADA TD 02/21/2006