2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2007
Secretary of State

DOCUMENT# N36142

Entity Name: FLAGLER CENTER II CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

C/O TERRI LABRADA
3255 FLAGLER AVENUE, #301
KEY WEST, FL 33040 US

New Principal Place of Business:

Current Mailing Address:

3225 FLAGLER AVE
301
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:

TERRI LABRADA
3255 FLAGLER AVE.
301
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:	DEKEYSER, RICK	
Address:	3255 FLAGLER AVE #307-308	
City-St-Zip:	KEY WEST, FL 33040	
Title:	TD	( ) Delete
Name:	LABRADA, TERRI	
Address:	3255 FLAGLER AVE	
City-St-Zip:	KEY WEST, FL 33040	
Title:	SD	( ) Delete
Name:	DEKEYSER, SUSAN	
Address:	3255 FLAGLER AVE	
City-St-Zip:	KEY WEST, FL 33040	
Title:	VP	( ) Delete
Name:	REYNOLDS, CRAIG	
Address:	3255 FLAGLER AVE #305-306	
City-St-Zip:	KEY WEST, FL 33040 US	

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:	
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 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 TREA 04/11/2007

Electronic Signature of Signing Officer or Director — Date