

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36142

FILED
Feb 11, 2009
Secretary of State

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 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: SUSAN C DEKEYSER

SD

02/11/2009

Electronic Signature of Signing Officer or Director

Date