

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N36142

**FILED**  
**Feb 16, 2010**  
**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  
Name: DEKEYSER, RICK  
Address: 3255 FLAGLER AVE #307-308  
City-St-Zip: KEY WEST, FL 33040

Title: TD  
Name: LABRADA, TERRI  
Address: 3255 FLAGLER AVE  
City-St-Zip: KEY WEST, FL 33040

Title: SD  
Name: DEKEYSER, SUSAN  
Address: 3255 FLAGLER AVE  
City-St-Zip: KEY WEST, FL 33040

Title: VP  
Name: REYNOLDS, CRAIG  
Address: 3255 FLAGLER AVE #305-306  
City-St-Zip: KEY WEST, FL 33040 US

I hereby 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 all other like empowered.

SIGNATURE: SUSAN DEKEYSER

SD

02/16/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date