

**FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morth  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N41511 (9)**  
1. Corporation Name  
**THE FLAMINGO PLAZA CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business  
**1051 MERIDIAN AVE.  
MIAMI BEACH FL 33139**

Mailing Address  
**420 S. DIXIE HWY  
2K  
CORAL GABLES FL 33146  
US**



2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip  
29 Country

3. Date Incorporated or Qualified  
**12/31/1990**

3a. Date of Last Report  
**05/01/1995**

4. FEI Number  
**65-0240354**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

**9. Name and Address of Current Registered Agent**

**LA CASCIO, EDWARD S P.A.  
420 S. DIXIE HWY #2K  
CORAL GABLES FL 33146**

**10. Name and Address of New Registered Agent**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
**FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

**SIGNATURE**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**12. OFFICERS AND DIRECTORS**

☐ DELETE

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MILLAN, STEPHEN	
STREET ADDRESS	1051 MERIDIAN AVE.	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BYCKOWEICE, STEVE	
STREET ADDRESS	1051 MERIDIAN AVE.	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	FOJO, RICK	
STREET ADDRESS	1051 MERIDIAN AVE.	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SMITH, DAVID	
STREET ADDRESS	1051 MERIDIAN AVE.	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	CRAIG, PENNY	
STREET ADDRESS	47 NRUE DE PIEOR GUERIN	
CITY-ST-ZIP	PARIS FRANCE	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	VD
2.3 STREET ADDRESS	Charles Barton
2.4 CITY-ST-ZIP	5261 Old Dominion Dr.
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	D
3.3 STREET ADDRESS	Mary Lee Barton
3.4 CITY-ST-ZIP	5261 Old Dominion Dr.
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:**

*Stephen J. Millan*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Stephen J. Millan* 3/15/96 (205) 870-  
DATE DAYTIME PHONE

CR2E037 (12/95)