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May 20 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 33146-2222
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified
12/31/1990

3a. Date of Last Report
04/08/1996

4. FEI Number
65-0240354

Applied For
Not Applicable

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

10. Name and Address of New Registered Agent

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

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

TITLE PD ☒ DELETE

NAME MILLAN, STEPHEN
STREET ADDRESS 1051 MERIDIAN AVE.
CITY-ST-ZIP MIAMI BEACH FL

TITLE VD ☒ DELETE

NAME BARTON, CHARLES
STREET ADDRESS 5261 OLD DOMINION DRIVE
CITY-ST-ZIP ARLINGTON VA

TITLE D ☒ DELETE

NAME BARTON, MARY LEE
STREET ADDRESS 5261 OLD DOMINION DRIVE
CITY-ST-ZIP ARLINGTON VA

TITLE TD ☒ DELETE

NAME SMITH, DAVID
STREET ADDRESS 1051 MERIDIAN AVE.
CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE SD ☒ DELETE

NAME CRAIG, PENNY
STREET ADDRESS 47 RUE DE PIEOR GUERIN
CITY-ST-ZIP PARIS FRANCE

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President - D ☐ Change ☒ Addition

1.2 NAME Michael Streur
1.3 STREET ADDRESS 1000 Venetian Way #502
1.4 CITY-ST-ZIP Miami Beach, FL 33139

2.1 TITLE Secretary/Treasurer - D ☐ Change ☒ Addition

2.2 NAME Thomas Duplege
2.3 STREET ADDRESS 1051 Meridian Ave
2.4 CITY-ST-ZIP Miami Beach, FL 33139

3.1 TITLE Vice President - D ☐ Change ☒ Addition

3.2 NAME Edward Cabot
3.3 STREET ADDRESS 1051 Meridian Ave
3.4 CITY-ST-ZIP Miami Beach, FL 33139

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Muhammad S. [Signature]* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/97

305 374-8410

Date Daytime Phone # 0030427

CP2E037 (9/96)