

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41511

FILED
Mar 13, 2009
Secretary of State

Entity Name: THE FLAMINGO PLAZA CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1051 MERIDIAN AVE.
MIAMI BEACH, FL 33139

New Principal Place of Business:

Current Mailing Address:

C/O STREAMLINE PROPERTIES
1125 WASHINGTON AVE
MIAMI BEACH, FL 33139 US

New Mailing Address:

FEI Number: 65-0240354 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

GROSS, SAUL
C/O STREAMLINE PROPERTIES
1125 WASHINGTON AVE
MIAMI BEACH, FL 33139 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: SD () Delete
Name: RHODES, JOHN
Address: 1051 MERIDIAN AVE 1F
City-St-Zip: MIAMI BEACH, FL 33139

Title: PD () Delete
Name: SMITH, DAVID
Address: 1812 FALLBROOK LANE
City-St-Zip: VIENNA, VA 22182

Title: TD () Delete
Name: SCHAEFER, SANDY
Address: 328 KENT STREET
City-St-Zip: BROOKLINE, MA 02446

Title: D () Delete
Name: BORNSTEIN, LARRY
Address: PO BOX 403321
City-St-Zip: MIAMI BEACH, FL 33139

Title: D () Delete
Name: ANTINARELLA, MICHELLE
Address: 1061 MERIDIAN AVENUE 2B
City-St-Zip: MIAMI BEACH, FL 33139

Title: AS () Delete
Name: GROSS, SAUL
Address: 1125 WASHINGTON AVE
City-St-Zip: MIAMI BEACH, FL 33139

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: D (X) Change () Addition
Name: POUYMIROU, FRANK
Address: 16 EAST 8TH STREET # 1R
City-St-Zip: NEW YORK, NY 10003

Title: D (X) Change () Addition
Name: SCOTT, GREGORY
Address: 740 11TH STREET APT 3C
City-St-Zip: MIAMI BEACH, FL 33139

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: SAUL GROSS

AS

03/13/2009

Electronic Signature of Signing Officer or Director

Date