2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2009
Secretary of State

DOCUMENT# N93000000640

Entity Name: FLAGLER COVE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1601-1607 FLAGLER BLVD.
LAKE PARK, FL 33403 US

New Principal Place of Business:

Current Mailing Address:

1603 FLAGLER BLVD.
LAKE PARK, FL 33403 US

New Mailing Address:

FEI Number: 65-0477559 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LYNN-DESTACHE, CONNIE
1607 FLAGLER BLVD
LAKE PARK, FL 33403 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:	TERRY, PHIL	
Address:	1603 FLAGLER BLVD.	
City-St-Zip:	LAKE PARK, FL 33403	
Title:	VPD	( ) Delete
Name:	LYNN-DESTACHE, CONNIE	
Address:	1607 FLAGLER BLVD.	
City-St-Zip:	LAKE PARK, FL 33403	
Title:	SD	( ) Delete
Name:	WEXLER, ANITA	
Address:	1601 FLAGLER BLVD	
City-St-Zip:	LAKE PARK, FL 33403	
Title:	TD	( ) Delete
Name:	SCHIRLE, JOHN	
Address:	1605 FLAGLER BLVD.	
City-St-Zip:	LAKE PARK, FL 33403	

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: PHIL TERRY PD 03/26/2009

Electronic Signature of Signing Officer or Director — Date