

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 29, 2007 8:00 am**  
**Secretary of State**

01-29-2007 90082 025 \*\*\*\*61.25

60008652



01082007 Chg-NP CR2E037 (12/06)

**DOCUMENT # N93000004540**

1. Entity Name  
FLAMINGO GARDENS ESTATES HOMEOWNERS  
ASSOCIATION, INC.



Principal Place of Business  
300 ARAGON AVE, STE. 210  
CORAL GABLES, FL 33134 US

Mailing Address  
300 ARAGON AVE, STE. 210  
CORAL GABLES, FL 33134 US

2. Principal Place of Business - No P.O. Box #  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
Zip Country

4. FEI Number  
65-0445278

Applied For  
Not Applicable

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

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

SANCHEZ, JUAN A ESQ  
10251 SUNSET DRIVE #A106  
MIAMI, FL 33173

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

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
Due by May 1, 2007**

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

**Make check payable to  
Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	PS	<input type="checkbox"/> Delete
NAME	DUNBAR, ROBERT	
STREET ADDRESS	3510 SW 167 TERRACE	
CITY-ST-ZIP	MIAMI, FL 33157	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GRANT, GERALD	
STREET ADDRESS	8560 SW 166TH ST,	
CITY-ST-ZIP	MIAMI, FL 33157	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HASKELL, BERNAT	
STREET ADDRESS	16791 SW 86 CT	
CITY-ST-ZIP	MIAMI, FL 33157	
TITLE	D	<input type="checkbox"/> Delete
NAME	ANTONELLI, MIKE	
STREET ADDRESS	16421 S.W. 84 COURT	
CITY-ST-ZIP	MIAMI, FL 33157	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUNBAR, ROBERT	
STREET ADDRESS	8510 SW 167 TERRACE	
CITY-ST-ZIP	MIAMI, FL 33157	
TITLE	TREASURER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRANT, GERALD	
STREET ADDRESS	8560 SW 166 STREET	
CITY-ST-ZIP	MIAMI, FL 33157	
TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PETER WARD	
STREET ADDRESS	8631 SW 164 STREET	
CITY-ST-ZIP	MIAMI, FL 33157	
TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANTONELLI, MICHAEL	
STREET ADDRESS	16421 SW 84 COURT	
CITY-ST-ZIP	MIAMI, FL 33157	
TITLE	BARBARA BIGLER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	8600 SW 164 STREET	
STREET ADDRESS	MIAMI, FL 33157	
CITY-ST-ZIP	DIRECTOR	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** GERALD GRANT 1/22/07 305-670-9679  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #