

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002265

FILED
Apr 14, 2009
Secretary of State

Entity Name: FLAGLER MANOR HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

WELLINGTON MGMT
3461-B FAIRLANE FARMS RD
WEST PALM BEACH, FL 33414 US

Current Mailing Address:

WELLINGTON MGMT
3461-B FAIRLANE FARMS RD
WEST PALM BEACH, FL 33414 US

New Principal Place of Business:

C/O WELLINGTON MANAGEMENT
3461-B FAIRLANE FARMS RD
WELLINGTON, FL 33414 US

New Mailing Address:

C/O WELLINGTON MANAGEMENT
3461-B FAIRLANE FARMS RD
WELLINGTON, FL 33414 US

FEI Number: 65-0492414

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEWSOME, JOHN
WELLINGTON MGMT INC
3461-B FAIRLANE FARMS RD
WEST PALM BEACH, FL 33414 US

Name and Address of New Registered Agent:

NEWSOME, JOHN
C/O WELLINGTON MANAGEMENT
3461-B FAIRLANE FARMS RD
WELLINGTON, FL 33414 US

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: JOHN NEWSOME

04/14/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: DIRESA, BRIAN
Address: 1713 FLAGLER MANOR DRIVE
City-St-Zip: WEST PALM BEACH, FL 33411

Title: VPS () Delete
Name: RAYMOND, NANCY
Address: 1633 FLAGLER MANOR DRIVE
City-St-Zip: WEST PALM BEACH, FL 33411

Title: ST (X) Delete
Name: DIRESTA, BRIAN
Address: 1713 FLAGLER MANOR CIRCLE
City-St-Zip: WEST PALM BEACH, FL 33411

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: DIRESTA, BRIAN
Address: 1713 FLAGLER MANOR CIRCLE
City-St-Zip: WEST PALM BEACH, FL 33411

Title: VP (X) Change () Addition
Name: HOKANSON, JOHN
Address: 1737 FLAGLER MANOR CIRCLE
City-St-Zip: WEST PALM BEACH, FL 33411

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: BRIAN DIRESTA

P

04/14/2009

Electronic Signature of Signing Officer or Director

Date