


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 12, 2008 08:00 AM
Secretary of State

DOCUMENT # N95000002486 1. Entity Name FLAMINGO VILLAGE HOME OWNERS' ASSOCIATION, INC.	
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Principal Place of Business 50 UPTOWN GRAYTON CIR. #15 SANTA ROSA BEACH, FL 32459	Mailing Address 50 UPTOWN GRAYTON CIR. #15 SANTA ROSA BEACH, FL 32459 US
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09072008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3324329	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CONGLETON, BRAD
50 UPTOWN GRAYTON CIR., #15
SANTA ROSA BEACH, FL 32459

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IN THIS SPACE**

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 September 12, 2008**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LUEDTKE, DONNA 299 WHITE HERON DR SANTA ROSA BEACH, FL 32459
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MCQUEEN, CHARLOTTE 261 WHITE HERON DR SANTA ROSA BEACH, FL 32459
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CONGLETON, BRADLEY 254 WHITE HERON DRIVE SANTA ROSA BEACH, FL 32459
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PRICE, DENISE P.O. BOX 1997 SANTA ROSA BEACH, FL 32459
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000959574
09/12/08-80002-020 61.25

**DO NOT WRITE
IN THIS SPACE**

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: *Brad Congleton* **9/9/08** **850 231-6599**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #