## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N95000002486

FILED Aug 07, 2009 Secretary of State

Entity Name: FLAMINGO VILLAGE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:		New Principal Place of Business:
50 UPTOV	VN GRAYTON CIR.	36474C EMERALD COAST PARKWAY
#15 SANTA ROSA BEACH, FL 32459		3301 DESTIN, FL 32541
	lailing Address:	New Mailing Address:
	iannig , taaressi	Trow manning , tauress.
50 UPTOWN GRAYTON CIR. #15		PO BOX 1405 SANTA ROSA BEACH, FL 32459 US
	OSA BEACH, FL 32459 US	0/11/1/100/10E/1011,1 E 02400 00
In accordan	: 59-3324329 FEI Number Applied For() ice with s. 607.193(2)(b), F.S., the corporation did no I Address of Current Registered Agent:	FEI Number Not Applicable ( ) Certificate of Status Desired ( ) of receive the prior notice.  Name and Address of New Registered Agent:
50 UPTOV	TON, BRAD VN GRAYTON CIR., #15 OSA BEACH, FL 32459 US	JACKSON, JUDD 36474C EMERALD COAST PARKWAY DESTIN, FL 32541 US
	e named entity submits this statement for the pe of Florida.	ourpose of changing its registered office or registered agent, or both,
SIGNATUI	RE: JUDD S. JACKSON	08/07/2009
	Electronic Signature of Registered Age	ent Date
OFFICER	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
Title: Name: Address: City-St-Zip:	P ( ) Delete LUEDTKE, DONNA 299 WHITE HERON DR SANTA ROSA BEACH, FL 32459	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	VP ( ) Delete MCQUEEN, CHARLOTTE 261 WHITE HERON DR SANTA ROSA BEACH, FL 32459	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	T () Delete CONGLETON, BRADLEY 254 WHITE HERON DRIVE SANTA ROSA BEACH, FL 32459	Title: T (X) Change ( ) Addition Name: HYDE, PETE Address: 71 FLAMINGO DRIVE City-St-Zip: SANTA ROSA BEACH, FL 32459
Title: Name: Address:	S (X) Delete PRICE, DENISE P.O. BOX 1997	Title: ( ) Change ( ) Addition Name: Address:

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: JUDD JACKSON RA 08/07/2009