

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004476

FILED
Jan 29, 2006
Secretary of State

Entity Name: FLAGLER COURT HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

3075 FLAGLER AVE
#11
KEY WEST, FL 33040 US

New Principal Place of Business:

Current Mailing Address:

3075 FLAGLER AVE
#11
KEY WEST, FL 33040 US

New Mailing Address:

FEI Number: 65-0621066 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, LAURIE
3075 FLAGLER AVE
#26
KEY WEST, FL 33040 US

Name and Address of New Registered Agent:

SMITH, LAURI
3075 FLAGLER AVE
#26
KEY WEST, FL 33040 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: LAURI SMITH

01/29/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SMITH, LAURI K
Address: 3075 FLAGLER AVE., #26
City-St-Zip: KEY WEST, FL 33040 US

Title: DV () Delete
Name: SMITH, LAURA
Address: 3075 FLAGLER AVE #26
City-St-Zip: KEY WEST, FL 33040 US

Title: TD () Delete
Name: ANDRADE, ADORIS
Address: 3075 FLAGLER AVE #14
City-St-Zip: KEY WEST, FL 33040 US

Title: DV () Delete
Name: COHEN, CHERI
Address: 3075 FLAGLER AVE #24
City-St-Zip: KEY WEST, FL 33040 US

Title: SD (X) Delete
Name: WELLS, ROBYN
Address: 3075 FLAGLER AVE., #7
City-St-Zip: KEY WEST, FL 33040

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DV (X) Change () Addition
Name: COHEN, CHERI
Address: 3075 FLAGLER AVE #24
City-St-Zip: KEY WEST, FL 33040 US

Title: TD (X) Change () Addition
Name: ANDRADE, ADONIS
Address: 3075 FLAGLER AVE #14
City-St-Zip: KEY WEST, FL 33040 US

Title: SD (X) Change () Addition
Name: WELLS, ROBYN
Address: 3075 FLAGLER AVE #7
City-St-Zip: KEY WEST, FL 33040 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: LAURI SMITH

PD

01/29/2006

Electronic Signature of Signing Officer or Director

Date