

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005590

FILED  
Jan 03, 2008  
Secretary of State

**Entity Name:** FLAMINGO PLACE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

2445 FLAMINGO PLACE,  
APT. 3  
MIAMI BEACH, FL 33140

**New Principal Place of Business:**

**Current Mailing Address:**

763 41ST STREET  
SUITE C  
MIAMI BEACH, FL 33140

**New Mailing Address:**

**FEI Number:** 59-6409219

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BENNETT, JOAN  
763 41ST STREET  
SUITE C  
MIAMI BEACH, FL 33140 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: ZAPOL, WARREN  
Address: 2445 FLAMINGO PLACE, APT.7  
City-St-Zip: MIAMI BEACH, FL 33140

Title: SD ( ) Delete  
Name: ZAPOL, NIKKI  
Address: 2445 FLAMINGO PLACE, APT 6  
City-St-Zip: MIAMI BEACH, FL 33140

Title: DT ( ) Delete  
Name: AYUSO, LISA  
Address: 2445 FLAMINGO PLACE, APT 5  
City-St-Zip: MIAMI BEACH, FL 33140

Title: D ( ) Delete  
Name: LE DUC, YVES  
Address: 2445 FLAMINGO PLACE, APT.8  
City-St-Zip: MIAMI BEACH, FL 33140

Title: D ( ) Delete  
Name: SMITH, BARBARA  
Address: 2445 FLAMINGO PLACE #3  
City-St-Zip: MIAMI BEACH, FL 33140

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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: WARREN ZAPOL

P

01/03/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date