
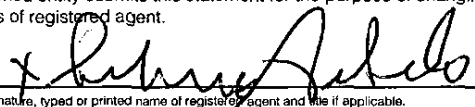
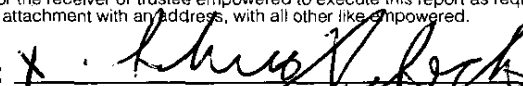


2004 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N98000005805						FILED 04 APR -2 AM 8:35 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Entity Name FLAMINGO COURTS CONDOMINIUM ASSOCIATION, INC.				Principal Place of Business 8321 NW 7TH STREET UNIT 308 MIAMI, FL 33126			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address 8321 NW 7TH STREET UNIT 308 MIAMI, FL 33126			
4. FEI Number 65-0909861				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				03052004 Chg-NP CR2E037 (10/03)			
6. Name and Address of Current Registered Agent LUBETSKY, CARY 1111 BRICKELL AVENUE SUITE 2915 MIAMI, FL 33131				7. Name and Address of New Registered Agent Name: JAVIER GUADAYOL Street Address (P.O. Box Number is Not Acceptable): 13550 SW 88th St Suite 290 Miami, Florida City: Miami FL Zip Code: 33186			
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: _____ <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
Amended AR is \$61.25				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ACOSTA, MARIA E 8320 NW 8TH STREET, UNIT 103 MIAMI, FL 33126	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Silvio Delgado 275 Fontainebleau Blvd #200 MIAMI FL 33172	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD SYKES, MARCIA 8321 NW 7TH STREET, UNIT 308 MIAMI, FL 33126	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/S/D Hernando Amezcua 275 Fontainebleau Blvd #200 MIAMI FL 33172	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD AZARLOZA, ANNIE 8321 NW 7TH STREET, UNIT 101 MIAMI, FL 33126	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Violeta Hermida 275 Fontainebleau Blvd #200 MIAMI FL 33172	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 				3-10-04			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date</small>		<small>Daytime Phone #</small>	