## 2004 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N9800005805  1. Entity Name FLAMINGO COURTS CONDOMINIUM ASSOCIATION, INC.					FIĽED 04 APR -2 AM 8:35			
Principal Place of Business		Mailing Address			SECRETARY OF STATE TALLAHASSEE, FLORIDA			
8321 NW 7TH STREET   Unit 308		8321 NW 7TH STREET Unit 308			IALLA	MASSIE, FLOR	IIUA	
MIAMI, FL 33126		MIAMI, FL 33126			] 	EM 1141 1141 EM 2111 E	B. 11 B. 11 B. 15 B. 18 B.	
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc. & Maintenance, Inc. 275 Fontainebleau Blvd., Suite 200			03052004 Ch	g-NP CR	2E037 (10/03)	
City & State		City & State Miams, FL 331/2			4. FEI Number 65-090986	 1 ·		plied For t Applicable
Zip	Country	Zip Cou			5. Certificate of Status Desired   \$8.75 Additional Fee Required			itional
6. Name and Address of Current F					7. Name and Address of New Registered Agent			
LUBETSKY, CARY		Name 5AL		ier buadayol				
1111 BRICKELL AV SUITE 2915	ENUE	Street Address			(P.O. Box Number'is Not Acceptable) SW 884654 SUITE 290			
MIAMI, FL 33131		Miami			. Florida			
				City rami 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.								
1 2 1 1 1 1/2								
SIGNATURE Signature, typed or printed name of registere agent and whe if applicable. (NOTE: Registered Agent signature required when reinstating)  OATE								
9. Election Campaign Financing \$5.00 May Be Amended AR is \$61.25  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Food								
Amended AR is \$61.25 Trust Fund Contribution. Added to Fees Florida Department of State  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10								
TITLE PD Delete			TITLE	CIG	7-1-		Change	Addition
	, MARIA E 8TH STREET, UNIT 10	٠,	NAME STREET AD	S11	rontain	ACO Lebleau	, Blud +	<i>&gt;∞</i>
CITY-ST-ZIP MIAMI, FI			CITY-ST-Z	1.10	iam: F	F 3311	<u>,</u>	
TITLE VSD	Delete	TITLE			1 Mezau	Change	☐ Addition	
NAME SYKES, N STREET ADDRESS 8321 NW	7TH STREET, UNIT 30	8	name Street adi	DRESS HEY	SID MAYCLO PONTAIR	Spienr B	1/12 #20/10	70
CITY-ST-ZIP MIAMI, FI	33126		CITY-ST-Z		AMI F	<u>- 531155 -</u>	<u>,                                    </u>	
ן זוונג יין וט יי	ZA, ANNIE	Delete			eta He	rmidA		Addition
STREET ADDRESS 8321 NW 7TH STREET, UNIT 101			STREET ADI	DRESS 375	LON LUIN	epleau	12110CL	
CITY-ST-ZIP MIAMI, FI	L 33126	☐ Delete	CITY-ST-Z	91/	JAM' F	r 331179	Change	Addition
NAME			NAME		6000	031985 -01046001		
STREET ADDRESS CITY-ST-ZIP			STREET ADI	1	04/06/04-	-01046001	**26.25	
TITLE		☐ Delete	TITLE		6000	031985 01046002	S Change	Addition
NAME STREET ADDRESS			NAME STREET ADI	DRESS	04/06/04-	01046002	**35.00	}
CITY-ST-ZIP			CITY-ST-Z	P				
TITLE NAME		☐ Delete	TITLE NAME				☐ Change	☐ Addition
STREET ADDRESS			STREET AD	1				
CITY-ST-ZIP	information with a little	Also Cilian alamana and anni life of	CITY-ST-Z	<u>_</u>	nation 110 07/2\(i) Ele	wide Chattan I forthe	an anatification to the act	of a war a bin an
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 anyaddress, with all other like Inpowered.								
SIGNATURE: X SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayling Phone #								