


# 2004 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # N98000005805</b>		
1. Entity Name <b>FLAMINGO COURTS CONDOMINIUM ASSOCIATION, INC.</b>		

FILED

04 JUL 14 PM 3:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business 8321 NW 7TH STREET UNIT 308 MIAMI, FL 33126	Mailing Address 275 FONTAINEBLEAU BLVD #200 MIAMI, FL 33172
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

05202004 Chg-NP CR2E037 (10/03)

4. FEI Number 65-0909861	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
GUADAYOL JAVIER 13550 SW 88TH STREET SUITE 290 MIAMI, FL 33186	

7. Name and Address of New Registered Agent	
Name <u>JJM CONDO MANAGEMENT</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>275 FONTAINEBLEAU BLVD</u>	
<u>SUITE 200</u>	
City <u>MIAMI</u>	Zip Code <u>FL 33172</u>

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 *Henry Rose, Agent* DATE 5-20-04  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DELGADO, SILVIO 275 FONTAINEBLEU BLVD #200 MIAMI, FL 33172 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD AMEZQUITA, HERNANDO 275 FONTAINEBLEAU BLVD #200 MIAMI, FL 33172 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HERMIDA, VIOLETA 275 FONTAINEBLEAU BLVD #200 MIAMI, FL 33172 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition  200039189332 07/15/04--01053--002 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER JOSEFINA ROLLINS 275 Fontainebleau Blvd #200 MIAMI FL 33172 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *H. Amezquita* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

June 22, 2004

FLAMINGO COURTS CONDOMINIUM ASSOCIATION, INC.  
275 FONTAINBLEAU BLVD #200  
MIAMI, FL 33172

SUBJECT: FLAMINGO COURTS CONDOMINIUM ASSOCIATION, INC.  
Ref. Number: N98000005805

We have received your document for FLAMINGO COURTS CONDOMINIUM ASSOCIATION, INC. and check(s) totaling \$61.25. However, your check(s) and document are being returned for the following:

List the street address of each officer/director listed on the report or on an attachment.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Tina Roberts  
Document Specialist

Letter Number: 004A00041298