

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2007 8:00 am
Secretary of State

04-12-2007 90032 015 ****61.25

DOCUMENT # N99000002933

1. Entity Name
GREATER FLAMINGO PARK CIVIC ASSOCIATION, INC.



Principal Place of Business
**3920 RIVERLAND ROAD
FORT LAUDERDALE, FL 33312**

Mailing Address
**3920 RIVERLAND ROAD
FORT LAUDERDALE, FL 33312**

40000016



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04042007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
65-0953195

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DEROLF, DENNIS
3920 RIVERLAND ROAD
FORT LAUDERDALE, FL 33312**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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 **P** ☒ Delete
NAME **JACOBSON, CYNTHIA R**
STREET ADDRESS **1661 SW 22 AVENUE**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33312**

TITLE **T** ☐ Change ☒ Addition
NAME **Antoinette Jacobson**
STREET ADDRESS **1661 SW 22 AVE**
CITY-ST-ZIP **Fort Lauderdale, FL 33312**

TITLE **D** ☒ Delete
NAME **JACOBSON, CYNTHIA**
STREET ADDRESS **1661 SW 22 AVE**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33312**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DT** ☐ Delete
NAME **DEROLF, DENNIS**
STREET ADDRESS **2301 SW 16 CRT**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33312**

TITLE **D** ☒ Change ☐ Addition
NAME **D**
STREET ADDRESS
CITY-ST-ZIP

TITLE **P** ☐ Delete
NAME **MILLER, GYPSY**
STREET ADDRESS **1475 SW 22 AVENUE**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33312**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **INGRUND, AL**
STREET ADDRESS **2232 SW 15 STREET**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33312**

TITLE **VP** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Sec** ☐ Change ☒ Addition
NAME **Christine Erwin**
STREET ADDRESS **2010 SW 23 TERR**
CITY-ST-ZIP **FT. LAUDERDALE, FL 33312**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dennis J. DeRolf

4/9/07

954-321-8716

Daytime Phone #