

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V62857

FILED
Jan 09, 2009
Secretary of State

Entity Name: FLAMINGO WEST APARTMENTS, INC.

Current Principal Place of Business:

3738 W IDLEWILD CIRCLE
TAMPA, FL 33614

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 89
ALBERTSON, NY 11507

New Mailing Address:

FEI Number: 59-3140794

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION INFORMATION SERVICES INC.
1201 HAYS ST.
TALLAHASSEE, FL 32301 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: ZIPPER, ROBERTA
Address: 48 CLOVER LA
City-St-Zip: ROSLYN HEIGHTS, NY

Title: ST () Delete
Name: ZIPPER, ROBERTA
Address: 48 CLOVER LA
City-St-Zip: ROSLYN HEIGHTS, N

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: ZIPPER, ROBERTA
Address: 48 CLOVER LA
City-St-Zip: ROSLYN HEIGHTS, NY 11577

Title: ST (X) Change () Addition
Name: ZIPPER, ROBERTA
Address: 48 CLOVER LA
City-St-Zip: ROSLYN HEIGHTS, N 11577

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERTA ZIPPER

PRES

01/09/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date