

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004935

FILED  
Apr 18, 2012  
Secretary of State

Entity Name: FLAGLER CENTER OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

4601 TOUCHTON RD E  
BLDG 300 SUITE 3200  
JACKSONVILLE, FL 32246 US

**New Principal Place of Business:**

**Current Mailing Address:**

4601 TOUCHTON RD E  
BLDG 300 SUITE 3200  
JACKSONVILLE, FL 32246 US

**New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HOENER, JAMES A ESQ.  
4601 TOUCHTON RD E  
BLDG. 300, STE. 3200  
JACKSONVILLE, FL 32246 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

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: STORMES, JEANNE  
Address: 4601 TOUCHTON RD E, BLDG 300, STE 3200  
City-St-Zip: JACKSONVILLE, FL 32246 US

Title: DVPS  
Name: HOENER, JAMES A  
Address: 4601 TOUCHTON RD E, BLDG 300, STE 3200  
City-St-Zip: JACKSONVILLE, FL 32246 US

Title: AS  
Name: POSTON, CHRISTY  
Address: 4601 TOUCHTON RD E, BLDG 300, STE 3200  
City-St-Zip: JACKSONVILLE, FL 32246 US

Title: VT  
Name: MUHL, E. JOSEPH JR.  
Address: 4601 TOUCHTON RD E, BLDG 300, STE 3200  
City-St-Zip: JACKSONVILLE, FL 32246 US

Title: D  
Name: TICKELL, KEITH  
Address: 4601 TOUCHTON RD E, BLDG 300, STE 3200  
City-St-Zip: JACKSONVILLE, FL 32246

Title: V  
Name: KINKOPF, PATRICIA  
Address: 4601 TOUCHTON RD E, BLDG 300, STE 3200  
City-St-Zip: JACKSONVILLE, FL 32246

I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CHRISTY POSTON

AS

04/18/2012

Electronic Signature of Signing Officer or Director

Date