

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004935

**FILED
Apr 29, 2019
Secretary of State
1438478138CC**

Entity Name: FLAGLER CENTER OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

700 NW 1ST AVENUE
SUITE 1620
MIAMI, FL 33136

Current Mailing Address:

700 NW 1ST AVENUE
SUITE 1620
MIAMI, FL 33136 US

FEI Number: 20-0339359

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COBB, KOLLEEN O.P.
700 NW 1ST AVENUE
SUITE 1620
MIAMI, FL 33136 US

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: KOLLEEN O.P. COBB

04/29/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DP
Name STORMES, JEANNE
Address 700 NW 1ST AVENUE
SUITE 1620
City-State-Zip: MIAMI FL 33136

Title DVPS
Name HOENER, JAMES A
Address 700 NW 1ST AVENUE
SUITE 1620
City-State-Zip: MIAMI FL 33136

Title AS
Name POSTON, CHRISTY
Address 700 NW 1ST AVENUE
SUITE 1620
City-State-Zip: MIAMI FL 33136

Title VT
Name GODOY, JUAN (RUSTY)
Address 700 NW 1ST AVENUE
SUITE 1620
City-State-Zip: MIAMI FL 33136

Title D, VP
Name BAKER, BRIAN
Address 700 NW 1ST AVENUE
SUITE 1620
City-State-Zip: MIAMI FL 33136

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

04/29/2019

Electronic Signature of Signing Officer/Director Detail

Date