

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004935

Entity Name: FLAGLER CENTER OWNERS ASSOCIATION, INC.

FILED
Apr 27, 2016
Secretary of State
CC0742389754

Current Principal Place of Business:

2855 LEJEUNE RD
4TH FLOOR
CORAL GABLES, FL 33134

Current Mailing Address:

2855 LEJEUNE RD
4TH FLOOR
CORAL GABLES, FL 33134 US

FEI Number: 20-0339359

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COBB, KOLLEEN O.P.
2855 LEJEUNE RD
4TH FLOOR
CORAL GABLES, FL 33134 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

04/27/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DP
Name STORMES, JEANNE
Address 2855 LEJEUNE RD
4TH FLOOR
City-State-Zip: CORAL GABLES FL 33134

Title DVPS
Name HOENER, JAMES A
Address 7411 FULLERTON STREET
SUITE 110
City-State-Zip: JACKSONVILLE FL 32256

Title AS
Name POSTON, CHRISTY
Address 7411 FULLERTON STREET
SUITE 110
City-State-Zip: JACKSONVILLE FL 32256

Title VT
Name GODOY, JUAN
Address 2855 LEJEUNE RD
4TH FLOOR
City-State-Zip: CORAL GABLES FL 33134

Title D, VP
Name BAKER, BRIAN
Address 7411 FULLERTON STREET
SUITE 110
City-State-Zip: JACKSONVILLE FL 32256

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

ASSISTANT SECRETARY 04/27/2016

Electronic Signature of Signing Officer/Director Detail

Date