

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000004935

**Entity Name:** FLAGLER CENTER OWNERS ASSOCIATION, INC.

**FILED**  
**Apr 26, 2022**  
**Secretary of State**  
**4438863695CC**

**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

04/26/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DP  
Name ANDERSON, MAURICIO  
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

ASST SECRETARY

04/26/2022

Electronic Signature of Signing Officer/Director Detail

Date