

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000004935

**FILED  
Apr 19, 2018  
Secretary of State  
CC3596763696**

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

**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

04/19/2018

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 (RUSTY)  
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** 04/19/2018

Electronic Signature of Signing Officer/Director Detail

Date