

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 17, 2013
Secretary of State
CC2062759773

Entity Name: FLAGLER CENTER OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

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

Current Mailing Address:

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

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HOENER, JAMES AESQ.
4601 TOUCHTON RD E
BLDG. 300, STE. 3200
JACKSONVILLE, FL 32246 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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

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

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

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

Title V
Name KINKOPF, PATRICIA
Address 4601 TOUCHTON RD E, BLDG 300,
STE 3200
City-State-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: JAMES HOENER

ATTORNEY IN FACT

04/17/2013

Electronic Signature of Signing Officer/Director Detail

Date