

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

APPROVED  
AND  
FILED

95 APR 21 AM 9:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **740470** (0)  
1. Corporation Name  
**COSTA DEL SOL OF FLAGLER BEACH HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business  
**DIGNAN  
C/O MCDONALD UNIT 40  
3700 S OCEANSHORE BLVD  
FLAGLER BCH FL 32136  
US**

Mailing Address  
**DIGNAN  
C/O MCDONALD UNIT 40  
3700 S OCEANSHORE BLVD  
FLAGLER BCH FL 32136  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/19/1977** 3a. Date of Last Report **03/03/1994**

4. FBI Number **50-1943055** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Country

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Country

29 Zip  
30 Country

9. Name and Address of Current Registered Agent  
**MACDONALD, MELDA T  
3700-27 S OCEANSHORE BLVD  
FLAGLER BCH. FL 32136**

10. Name and Address of New Registered Agent  
61 Name **WILLIAM DIGNAN**  
62 Street Address (P.O. Box Number is Not Acceptable) **3580 SO. OCEAN SHORE BLVD-APT. 305**  
63  
64 City **FLAGLER BEACH FL** 65 Zip Code **32136**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *[Signature]* (NOTE: Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS

TITLE	DD
NAME	MURPHY, EDWARD
STREET ADDRESS	3700-31 S OCEANSHORE BLV
CITY-ST-ZIP	FLAGLER BCH. FL
TITLE	P
NAME	MACDONALD, MELDA T
STREET ADDRESS	3700-27 S OCEANSHORE BLVD
CITY-ST-ZIP	FLAGLER BEACH FL
TITLE	SD
NAME	COADY, CATHERINE
STREET ADDRESS	3900-20 S OCEANSHORE BLV
CITY-ST-ZIP	FLAGLER BEACH FL
TITLE	DD
NAME	STEIBING, THEODORE
STREET ADDRESS	3700-32 S OCEANSHORE BLVD
CITY-ST-ZIP	FLAGLER BCH. FL
TITLE	TD
NAME	RIHA, MILES
STREET ADDRESS	3700-35 S OCEANSHORE BLV
CITY-ST-ZIP	FLAGLER BEACH FL
TITLE	VP
NAME	YALE, HARRY
STREET ADDRESS	3900-19 S OCEANSHORE BLVD
CITY-ST-ZIP	FLAGLER BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DIGNAN, WILLIAM	
1.3 STREET ADDRESS	3580 SO. OCEAN SHORE BLVD-APT. 305	
1.4 CITY-ST-ZIP	FLAGLER BEACH, FL. 32136	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	PATRICIA SENEAS BERGER FLEHING	
2.3 STREET ADDRESS	3700-40 SO. OCEAN SHORE BLVD-	
2.4 CITY-ST-ZIP	FLAGLER BEACH, FL. 32136	
3.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	MERGDITH MC KINNEY	
3.3 STREET ADDRESS	3900-09 SO. OCEAN SHORE BLVD	
3.4 CITY-ST-ZIP	FLAGLER BEACH, FL. 32136	
4.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	EDMUND J. O'GRADY	
4.3 STREET ADDRESS	3700-36 SO. OCEANSHORE BLVD	
4.4 CITY-ST-ZIP	FLAGLER BEACH, FL. 32136	
5.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	RIHA, MILES	
5.3 STREET ADDRESS	3700-35 S OCEANSHORE BLVD	
5.4 CITY-ST-ZIP	FLAGLER BEACH, FL. 32136	
6.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	ANGELA MARKOS	
6.3 STREET ADDRESS	3900-05 SO. OCEAN SHORE BLVD	
6.4 CITY-ST-ZIP	FLAGLER BEACH, FL. 32136	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(5)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed; or on an attachment with an address.

SIGNATURE: *[Signature]* DATE: **904-439-3736**