

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 26 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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: C/O MACDONALD, UNIT 40, 3700 S OCEANSHORE BLVD, FLAGLER BCH FL 32136 US
Mailing Address: C/O MACDONALD, UNIT 40, 3700 S OCEANSHORE BLVD, FLAGLER BCH FL 32136-4103 US

3. Date Incorporated or Qualified: 10/19/1977
3a. Date of Last Report: 06/20/1996
4. FEI Number: 59-1943055
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) details including Suite, Apt #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent
EDMUND OGRADY
3700-36 S OCEANSHORE BLVD
#308
FLAGLER BEACH FL 32136

10. Name and Address of New Registered Agent
81 Name: ANGELA MARKOS
82 Street Address (P.O. Box Number is Not Acceptable): 3900-05 S. OCEANSHORE BLVD
83
84 City: FLAGLER BEACH FL 85 Zip Code: 32136

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *Angela Markos* (Signature typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE: 3/20/97

12. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> DELETE
NAME	CAMPBELL, JAMES L	
STREET ADDRESS	5030 SW 94ST	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FREYTA, MARYANN LIGATO	
STREET ADDRESS	3700-3 S OCEAN SHORE BLVD	
CITY-ST-ZIP	FLAGLER BEACH FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	FREDERICK, ERNIE	
STREET ADDRESS	520 NE 36TH ST	
CITY-ST-ZIP	OCALA FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	DOBBS, JOHN	
STREET ADDRESS	711 E 7TH STREET	
CITY-ST-ZIP	ANNINSTON FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	LAWLOR, BRIAN	
STREET ADDRESS	RR1 BOX 1724	
CITY-ST-ZIP	KUNLETOWN PA	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MARKOS, ANGELA	
STREET ADDRESS	3900-05 S OCEAN SHORE BLVD	
CITY-ST-ZIP	FLAGLER BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRES. (P)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	CAMPBELL, JAMES L.	
1.3 STREET ADDRESS	5030 SW 94 ST	
1.4 CITY-ST-ZIP	GAINESVILLE, FL.	
2.1 TITLE	S.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	FREYDL, MARYANN LIGATO	
2.3 STREET ADDRESS	3700-3 S. OCEANSHORE BLVD	
2.4 CITY-ST-ZIP	FLAGLER BEACH, FL.	
3.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	O'GRADY, EDMUND J.	
3.3 STREET ADDRESS	3700-36 S. OCEANSHORE BLVD	
3.4 CITY-ST-ZIP	FLAGLER BEACH, FL.	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	DOBBS, JOHN	
4.3 STREET ADDRESS	711 EAST 7TH STREET	
4.4 CITY-ST-ZIP	ANNINSTON, AL.	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	BEAVERS, BONNIE	
5.3 STREET ADDRESS	431 GLENN ABBY LANE	
5.4 CITY-ST-ZIP	DEBARY, FL.	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	ARLENE LAWLOR	
6.3 STREET ADDRESS	RR1 BOX 1724	
6.4 CITY-ST-ZIP	KUNLETOWN, PA	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Angela Markos* (Signature typed or printed name of signing officer or director) DATE: 3/20/97 DAYTIME PHONE NUMBER: 904-439-3604

CR2E037 (9/96)