

FILE NOW: FILING FEE IS \$61.25

FILED  
May 22 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 740470 (0)**

1. Corporation Name  
**COSTA DEL SOL OF FLAGLER BEACH HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business <b>MARYANN L. FREYDL, PRES.</b> <del>C/O MACDONALD UNIT 40</del> 3700 S OCEANSHORE BLVD FLAGLER BCH FL 32136 US	Mailing Address <b>FREYDL, MARYANN L.</b> <del>C/O MACDONALD UNIT 40</del> 3700 S OCEANSHORE BLVD FLAGLER BCH FL 32136 US
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3. Date Incorporated or Qualified <b>10/19/1977</b>	Applied For
4. FEI Number <b>59-1943055</b>	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business <b>21</b> <b>SAME</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State <b>22</b>	City & State <b>27</b>
Zip <b>23</b>	Country <b>28</b>
Country <b>24</b>	Zip <b>29</b>
Country <b>25</b>	Country <b>30</b>

9. Name and Address of Current Registered Agent

**MARKOS, ANGELA**  
**3900-05 S OCEANSHORE BLVD**  
**FLAGLER BEACH FL 32136**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83	
84 City	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>CAMPBELL, JAMES L</b>	<i>Now a DIRECTOR</i>
STREET ADDRESS	<b>5030 SW 94ST</b>	
CITY-ST-ZIP	<b>GAINESVILLE FL</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>FREYDL, MARYANN LIGATO</b>	
STREET ADDRESS	<b>3700-3 S OCEAN SHORE BLVD</b>	
CITY-ST-ZIP	<b>FLAGLER BEACH FL</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> DELETE
NAME	<b>OGRADY, EDMUND J</b>	
STREET ADDRESS	<b>3700-36 S OCEANSHORE BLVD</b>	
CITY-ST-ZIP	<b>FLAGLER BEACH FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>DOBBS, JOHN</b>	
STREET ADDRESS	<b>711 E 7TH STREET</b>	
CITY-ST-ZIP	<b>ANNINSTON FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BEAVERS, BONNIE</b>	
STREET ADDRESS	<b>431 GLENN ABBY LANE</b>	
CITY-ST-ZIP	<b>DEBARY FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>MARKOS, ANGELA</b>	
STREET ADDRESS	<b>3900-05 S OCEAN SHORE BLVD</b>	
CITY-ST-ZIP	<b>FLAGLER BEACH FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>P MARYANN L. FREYDL</b>
1.3 STREET ADDRESS	<b>3900 S. OCEANSHORE BLVD</b>
1.4 CITY-ST-ZIP	<b>FLAGLER BEACH, FL. 32136</b>
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>S. FAGAN, ELIZABETH.</b>
2.3 STREET ADDRESS	<b>3900 S. OCEANSHORE BLVD</b>
2.4 CITY-ST-ZIP	<b>FLAGLER BEACH, FL. 32136</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>SAME</b>
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>DOROTHY W. ADAMS</b>
4.3 STREET ADDRESS	<b>2 COUNTRY CLUB DRIVE</b>
4.4 CITY-ST-ZIP	<b>DANVILLE, VA. 24541</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>D</b>
5.3 STREET ADDRESS	<b>SAME</b>
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>T</b>
6.3 STREET ADDRESS	<b>SAME</b>
6.4 CITY-ST-ZIP	

14. I 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* ANGELA MARKOS - 904-439-3604

CR2E037 (10/97)