

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90236 014 \*\*\*\*61.25

0002843

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
---	---	--

**DOCUMENT # 740470**

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

Principal Place of Business FREYDL MARYANN L PRES 3700 S OCEANSHORE BLVD FLGLER BCH FL 32136 US	Mailing Address FREYDL MARYANN L 3700 S OCEANSHORE BLVD FLGLER BCH FL 32136 US
---	--



2. Principal Place of Business 21 <b>WAITER, E.Y. Pres</b> Suite, Apt. #, etc. 22 <b>3700-38 S OCEANSHORE BLVD</b> City & State 23 <b>FLAGLER BEACH, FL</b> Zip 24 <b>32136</b> Country 25 <b>FLAGLER</b>	2a. Mailing Address 26 <b>WAITER, E.Y</b> Suite, Apt. #, etc. 27 <b>3700 S OCEANSHORE BLVD</b> City & State 28 <b>FLAGLER BEACH FL</b> Zip 29 <b>32136</b> Country 30 <b>FLAGLER</b>	3. Date Incorporated or Qualified <b>10/19/1977</b>	4. FEI Number <b>59-1943055</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required		
6. Election Campaign Financing <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees		

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name <b>CAMPBELL, JAMES L</b>	82 Street Address (P.O. Box Number is Not Acceptable) <b>5002 SW 94TH ST</b>	83 City <b>GAINESVILLE, FL</b>	84 Zip Code <b>32608</b>
-------------------------------------	---	-----------------------------------	-----------------------------

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 James L Campbell - JAMES L CAMPBELL TREASURER. DATE 1-21-99

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE <b>D</b>	<input type="checkbox"/> DELETE
NAME <b>CAMPBELL, JAMES L</b>	
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>FAGAN, ELIZABETH</b>	
STREET ADDRESS <b>3900 S OCEANSHORE BLVD</b>	
CITY-ST-ZIP <b>FLGLER BCH FL 32136</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>FLGLER BEACH FL</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE
NAME <b>ADAMS, DOROTHY W</b>	
STREET ADDRESS <b>2 COUNTRY CLUB DRIVE</b>	
CITY-ST-ZIP <b>DANVILLE VA 24541</b>	
TITLE <b>D</b>	<input checked="" 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 checked="" type="checkbox"/> DELETE
NAME <b>MARKOS, ANGELA</b>	
STREET ADDRESS <b>3900-05 S OCEAN SHORE BLVD</b>	
CITY-ST-ZIP <b>FLGLER BEACH FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE <b>CAMPBELL, JAMES L</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME <b>5002 SW 94 ST</b>	
1.3 STREET ADDRESS <b>GAINESVILLE, FL 32608</b>	
1.4 CITY-ST-ZIP	
2.1 TITLE <b>OBRADY, EDMUND J</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME <b>3700-36 S OCEAN SHORE BLVD</b>	
2.3 STREET ADDRESS <b>FLAGLER BEACH FL 32136</b>	
2.4 CITY-ST-ZIP	
3.1 TITLE <b>ADAMS, DOROTHY W</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME <b>2 COUNTRY CLUB DRIVE</b>	
3.3 STREET ADDRESS <b>DANVILLE VA 24541</b>	
3.4 CITY-ST-ZIP	
4.1 TITLE <b>LAWLER, MARY</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME <b>3700-33 SOUTH OCEAN SHORE BLVD</b>	
4.3 STREET ADDRESS <b>FLAGLER BEACH, FL 32136</b>	
4.4 CITY-ST-ZIP	
5.1 TITLE <b>WAITER, E.Y.</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME <b>3700-38 S OCEAN SHORE BLVD</b>	
5.3 STREET ADDRESS <b>FLAGLER BEACH, FL 32136</b>	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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, with all other like empowered.

SIGNATURE: James L Campbell Treas. DATE 1-21-99 DAYTIME PHONE # 352-335-2270

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/198)