

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 03, 2002 8:00 am**  
**Secretary of State**

03-03-2002 90126 048 \*\*\*\*70.00

**DOCUMENT # 740470**

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

Principal Place of Business      Mailing Address  
**JERRY GETTMAN #29**      **JERRY GETTMAN #29**  
**3700 S OCEANSHORE BLVD**      **3700 S OCEANSHORE BLVD**  
**FLAGLER BCH FL 32136**      **FLAGLER BCH FL 32136**  
**US**      **US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
**Nimrod Wells II #47**      **Nimrod Wells II #47**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**3700 S. OCEANSHORE Blvd**      **3700 S. OCEANSHORE Blvd**  
 City & State      City & State  
**Flagler Beach, FL**      **Flagler Beach FL**  
 Zip      Country      Zip      Country  
**32136**      **US**      **32136**      **US**

4. FEI Number      Applied For  
**59-1943055**       Not Applicable

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

6. Name and Address of Current Registered Agent      7. Name and Address of New Registered Agent

~~STEWART, JOY~~      **NIMROD WELLS II**  
**3700-39 S OCEANSHORE BLVD**      **3700-47 S. OCEANSHORE Blvd**  
**FLAGLER BEACH FL 32136**      **Flagler Beach FL 32136**  
 Name      **Nimrod Wells II**  
 Street Address (P.O. Box Number is Not Acceptable)      **3700 S. OCEANSHORE Blvd UNIT 47**  
 City      **Flagler Beach**      FL      Zip Code      **32136**

8. 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: *Nimrod Wells II*      **Nimrod Wells II**      **2-4-02**  
 Signature, typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required when reinstating)      DATE

**FILE NOW: FEE IS \$61.25**

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

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE <b>PD</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>GETTMAN, JERRY</b>		NAME	
STREET ADDRESS <b>3700-29 S. OCEANSHORE BLVD</b>		STREET ADDRESS	
CITY-ST-ZIP <b>FLAGLER BCH FL 32136</b>		CITY-ST-ZIP	
TITLE <b>SD</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>WELLS, HELEN</b>		NAME	
STREET ADDRESS <b>3700-28 S. OCEAN SHORE BLVD</b>		STREET ADDRESS	
CITY-ST-ZIP <b>FLAGLER BCH FL 32136</b>		CITY-ST-ZIP	
TITLE <b>D</b>	<input checked="" type="checkbox"/> Delete	TITLE <b>Director</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>WALLS, DOROTHY</b>		NAME <b>KATHLEEN MASON</b>	
STREET ADDRESS <b>3700-41 S OCEANSHORE BLVD</b>		STREET ADDRESS <b>3700-26 S. OCEANSHORE Blvd</b>	
CITY-ST-ZIP <b>FLAGLER BEACH FL 32136</b>		CITY-ST-ZIP <b>Flagler Beach, FL 32136</b>	
TITLE <b>VPD</b>	<input checked="" type="checkbox"/> Delete	TITLE <b>VPD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MCMAHON, JAMES</b>		NAME <b>Jim Walls</b>	
STREET ADDRESS <b>3700-24 S OCEAN SHORE BLVD</b>		STREET ADDRESS <b>3700-41 S. OCEANSHORE BLVD</b>	
CITY-ST-ZIP <b>FLAGLER BEACH FL 32136</b>		CITY-ST-ZIP <b>Flagler Beach, FL 32136</b>	
TITLE <b>DT</b>	<input checked="" type="checkbox"/> Delete	TITLE <b>DT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>STEWART, JOY</b>		NAME <b>Nimrod Wells II</b>	
STREET ADDRESS <b>3700-39 S OCEANSHORE BLVD</b>		STREET ADDRESS <b>3700-47 S. OCEANSHORE Blvd</b>	
CITY-ST-ZIP <b>FLAGLER BEACH FL 32136</b>		CITY-ST-ZIP <b>Flagler Beach FL 32136-4158</b>	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Nimrod Wells II*      **Nimrod Wells II**      **2-19-02**      **386.439-3136**  
 Signature and typed or printed name of signing officer or director      Date      Daytime Phone #

CP2E037 (9/01)