

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 02, 2004 8:00 am**  
**Secretary of State**

03-02-2004 90022 016 \*\*\*\*61.25

**DOCUMENT # 740470**  
 1. Entity Name  
**COSTA DEL SOL OF FLAGLER BEACH HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business Mailing Address  
**NIMROD WELLS II #47** **NIMROD WELLS II #47**  
**3700 S OCEANSHORE BLVD** **3700 S OCEANSHORE BLVD**  
**FLAGLER BCH FL 32136** **FLAGLER BCH FL 32136**  
**US** **US**

**54014035**



MOORE CR2E037 (11/03)

2. Principal Place of Business 3. Mailing Address  
*Joan Mansour* *Joan Mansour*  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
*3700-44 S. Oceanshore Blvd* *3700-44 S. Oceanshore Blvd*

City & State City & State  
*Flagler Beach FL* *Flagler Beach FL*  
 Zip Zip  
*32136* *32136*  
 Country Country  
*US* *US*

4. FEI Number **59-1943055** Applied For Not Applicable  
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**WELLS, NIMROD II**  
**3700-47 S. OCEAN SHORE BLVD**  
**FLAGLER BEACH FL 32136**

7. Name and Address of New Registered Agent  
 Name *Joan Mansour*  
 Street Address (P.O. Box Number is Not Acceptable) *3700-44 S. Oceanshore Blvd.*  
*Flagler Beach*  
 City *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. I am familiar with, and accept the obligations of registered agent.  
 SIGNATURE *Joan Mansour*  
 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**  
**Due By May 1, 2004**

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

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	LAWLOR, ARLENE	
STREET ADDRESS	3700-33 S. OCEAN SHORE BLVD	
CITY-ST-ZIP	FLAGLER BCH FL 32136	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WELLS, HELEN	
STREET ADDRESS	3700-28 S. OCEAN SHORE BLVD	
CITY-ST-ZIP	FLAGLER BCH FL 32136	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PIEKUNKA, SANDY	
STREET ADDRESS	3700-38 S. OCEAN SHORE BLVD	
CITY-ST-ZIP	FLAGLER BEACH FL 32136	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	WALLS, JIM	
STREET ADDRESS	3700-41 S OCEANSHORE BLVD	
CITY-ST-ZIP	FLAGLER BEACH FL 32136	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	WELLS, NIMROD II	
STREET ADDRESS	3700-47 S OCEANSHORE BLVD	
CITY-ST-ZIP	FLAGLER BEACH FL 32136-4158	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WELLS, HELEN	
STREET ADDRESS	3700-28 S. Oceanshore Blvd	
CITY-ST-ZIP	Flagler Beach FL 32136	
TITLE	SD/DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOAN MANSOUR	
STREET ADDRESS	3700-44 S. Oceanshore Blvd	
CITY-ST-ZIP	Flagler Beach, FL 32136	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Angela Markos	
STREET ADDRESS	3700-5 S. OCEANSHORE BLVD	
CITY-ST-ZIP	FLAGLER BEACH FL 32136	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERT MANSOUR	
STREET ADDRESS	3700-44 S. OCEANSHORE BLVD	
CITY-ST-ZIP	FLAGLER BEACH FL 32136	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMES MCMAHON	
STREET ADDRESS	3700-24 SOUTH OCEANSHORE BLVD	
CITY-ST-ZIP	FLAGLER BEACH FL 32136	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: *Joan Mansour* 2/24/04 (386) 439-1851  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #