


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2007 8:00 am
Secretary of State

04-11-2007 90028 042 ****70.00

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



Principal Place of Business
JOAN MANSOUR
370-44 S OCEANSHORE BLVD.
FLAGLER BCH, FL 32136 US

Mailing Address
JOAN MANSOUR
370-44 S OCEANSHORE BLVD.
FLAGLER BCH, FL 32136 US

40056600



2. Principal Place of Business Address

Suite, Apt. #
Costa del Sol

City & State
Homeowners Assoc.
3700-3900 So. Oceanshore Blvd.
Flagler Beach, FL 32136

Zip
UNIT # 0

01312007 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent

MANSOUR, JOAN
3700-44 S OCEANSHORE BLVD.
FLAGLER BEACH, FL 32136

7. Name and Address of New Registered Agent

Name
HELEN WELLS

Street Address (P.O. Box Number is Not Acceptable)
3700-28 SOUTH OCEANSHORE BLVD

City
FLAGLER BEACH FL Zip Code
32136

4. FEI Number
59-1943055

Applied For
 Not Applicable

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

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 Helen Wells Secretary-Treasurer DATE 4-9-07

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

Filing Fee is **\$61.25**
 Due by **May 1, 2007**

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 P	NAME MONTRYM, BOB	STREET ADDRESS 3700-43 OCEANSHORE BLVD	CITY-ST-ZIP FLAGLER BEACH, FL 32136	<input type="checkbox"/> Delete
TITLE VP	NAME DUFRENSE, RANDY	STREET ADDRESS 5314 SE HARBOR TR.	CITY-ST-ZIP STUART, FL 34997	<input checked="" type="checkbox"/> Delete
TITLE T	NAME MANSOAR, JOAN	STREET ADDRESS 3700-44 S OCEAN SHORE BLVD	CITY-ST-ZIP FLAGLER BEACH, FL 32136	<input checked="" type="checkbox"/> Delete
TITLE Asst S	NAME DASHER, KAREN	STREET ADDRESS P.O. BOX 457	CITY-ST-ZIP KATHLEEN, FL 33849	<input type="checkbox"/> Delete
TITLE BM	NAME DUFRENSE, DAVE	STREET ADDRESS 3455 COUNTY WALK DR. PT	CITY-ST-ZIP PORT ORANGE, FL 32129	<input checked="" type="checkbox"/> Delete
TITLE VP	NAME GOODWIN, PHIL	STREET ADDRESS 3700-49 S OCEANSHORE BLVD	CITY-ST-ZIP FLAGLER BEACH, FL 32136	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE A/T	NAME JO O'GRADY	STREET ADDRESS 3700-36 STH OCEANSHORE BLVD	CITY-ST-ZIP FLAGLER BEACH, FL 32136	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE SECRETARY-TREASURER	NAME HELEN WELLS	STREET ADDRESS 3700 - 28 STH. OCEANSHORE BLVD.	CITY-ST-ZIP FLAGLER BEACH, FL. 32136	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE V.P.	NAME NORMA DEANS	STREET ADDRESS 3900 - 4 STH. OCEANSHORE BLVD.	CITY-ST-ZIP FLAGLER BEACH, FL. 32136	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE B.M.	NAME TALMADGE DASHER	STREET ADDRESS P.O. BOX 457	CITY-ST-ZIP KATHLEEN, FL. 33849	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE B.M.	NAME TERENKE DARFIELD	STREET ADDRESS 2734 COUNTRY CLUB BLVD.	CITY-ST-ZIP ORANGE PARK, FL. 32073	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: HELEN WELLS (Secretary-Treasurer) DATE 4-9-07 386-439-8451

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR