


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 05, 2008 8:00 am
Secretary of State

03-05-2008 90035 045 ****61.25

DOCUMENT # 740470			
1. Entity Name COSTA DEL SOL OF FLAGLER BEACH HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business UNIT 9 3706-3900 S OCEANSHORE BLVD. FLAGLER BCH FL 32136 US		Mailing Address UNIT 9 3706-3900 S OCEANSHORE BLVD. FLAGLER BCH FL 32136 US	
2. Principal Place of Business - No P.O. Box # 3706-3900 UNIT # 0		3. Mailing Address 3706-3900 STH OCEANSHORE	
Suite, Apt. #, etc. SOUTH OCEANSHORE BLVD		Suite, Apt. #, etc. UNIT # 0	
City & State FLAGLER BEACH, FL		City & State FLAGLER BEACH, FL	
Zip 32136	Country FLAGLER	Zip 32136	Country FLAGLER
4. FEI Number 59-1943055		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WELLS, HELEN 3700-28 S OCEANSHORE BLVD. FLAGLER BEACH FL 32136		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____			
FILE NOW: FEE IS \$61.25 Due By May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE P	<input type="checkbox"/> Delete MONTRYM, BOB 3700-43 OCEANSHORE BLVD FLAGLER BEACH FL 32136	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE ST	<input type="checkbox"/> Delete WELLS, HELEN 3700-28 S OCEAN SHORE BLVD FLAGLER BEACH FL 32136	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	H. HELEN WELLS
TITLE VP	<input type="checkbox"/> Delete DEANS, NORMA 3900 4 S OCEANSHORE BVLD FLAGLER BEACH FL 32136	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	S. NORMA DEANS
TITLE S	<input checked="" type="checkbox"/> Delete DASHER, KAREN P.O. BOX 457 KATHLEEN FL 33849	TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	BM LITA M. MAHON 3900-24 SOUTH OCEANSHORE FLAGLER BEACH, FL 32136
TITLE BM	<input checked="" type="checkbox"/> Delete TALMADGE, DASHER PO BOX 457 KATHLEEN FL 33849	TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	V.P. BRUCE CAMPBELL 3700-31 SOUTH OCEANSHORE FLAGLER BEACH, FL 32136
TITLE VP	<input checked="" type="checkbox"/> Delete BARFIELD, TERENCE 2734 COUNTRY CLUB BLVD ORANGE PARK FL 32073	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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* **HELEN WELLS** 1-31-08 386-439-8451