

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 740470

**FILED**  
**Jan 30, 2020**  
**Secretary of State**  
**9116273736CC**

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

**Current Principal Place of Business:**

UNIT 0  
3700-3900 S OCEANSHORE BLVD.  
FLAGLER BCH, FL 32136

**Current Mailing Address:**

UNIT 0  
3700-3900 S OCEANSHORE BLVD.  
FLAGLER BCH, FL 32136 US

**FEI Number: 59-1943055**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

FLORIDA REGISTERED AGENT LLC  
7901 4TH ST. N  
STE 300  
ST. PETERSBURG, FL 33702 US

*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:** FLORIDA REGISTERED AGENT

01/30/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           PRESIDENT  
Name           BARROWS, ROBERT  
Address        3900 S. OCEANSHORE BLVD #15  
City-State-Zip: FLAGLER BEACH FL 32136

Title           TREASURER  
Name           LAUB, BRIGITTE  
Address        3900 S. OCEANSHORE BLVD  
                  APT 21  
City-State-Zip: FLAGLER BEACH FL 32136

Title           SECRETARY, ACTING  
Name           ANNE KISSEL  
Address        3900 SO. OCEAN SHORE BLVD.  
                  #7  
City-State-Zip: FLAGLER BEACH FL 32136

Title           VP  
Name           CATINO, SUSANNE  
Address        3900 S. OCEANSHORE BLVD  
                  APT 24  
City-State-Zip: FLAGLER BEACH FL 32136

Title           OFFICER  
Name           LAWLOR, ARLENE  
Address        3700 S. OCEANSHORE BLVD  
                  APT 33  
City-State-Zip: FLAGLER BEACH FL 32136

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** BRIGITTE LAUB

**TREASURER**

01/30/2020

Electronic Signature of Signing Officer/Director Detail

Date