## **2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000004935

Entity Name: FLAGLER CENTER OWNERS ASSOCIATION, INC.

FILED Apr 28, 2023 Secretary of State 9295917243CC

## **Current Principal Place of Business:**

350 NW 1ST AVENUE C/O FECI SUITE 200 MIAMI, FL 33128

## **Current Mailing Address:**

350 NW 1ST AVENUE C/O FECI SUITE 200 MIAMI, FL 33128 US

FEI Number: 20-0339359 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

COBB, KOLLEEN O.P. 350 NW 1ST AVENUE C/O FECI SUITE 200 MIAMI, FL 33128 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: KOLLEEN O.P. COBB 04/28/2023

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title DP Title DVPS

Name ANDERSON, MAURICIO Name HOENER, JAMES A

Address 350 NW 1ST AVENUE Address 350 NW 1ST AVENUE

C/O FECI SUITE 200 C/O FECI SUITE 200

City-State-Zip: MIAMI FL 33128 City-State-Zip: MIAMI FL 33128

Title AS Title VT

Name POSTON, CHRISTY Name GODOY, JUAN (RUSTY)

Address 350 NW 1ST AVENUE Address 350 NW 1ST AVENUE

C/O FECI SUITE 200 C/O FECI SUITE 200

City-State-Zip: MIAMI FL 33128 City-State-Zip: MIAMI FL 33128

Title D, VP

Name BAKER, BRIAN

Address 350 NW 1ST AVENUE

C/O FECI SUITE 200

City-State-Zip: MIAMI FL 33128

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: CHRISTY POSTON

ASST SECRETARY

04/28/2023