

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 754041 (2)

1. Corporation Name  
**FALCON BAY CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business: 4707 SE 5TH AVE, SUITE 103, CAPE CORAL FL 33904 US  
Mailing Address: 4707 SE 5TH AVE, SUITE 103, CAPE CORAL FL 33904 US

3. Date Incorporated or Qualified: 09/04/1980  
3a. Date of Last Report: 01/24/1995

2. Principal Place of Business: 21  
2a. Mailing Address: 26 4226 Del Prado

4. FEI Number: 59-2249660  
Applied For: Not Applicable

Suite, Apt. #, etc.: 22  
City & State: 23 Cape Coral, FL

5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing:  \$5.00 May Be Added to Fees

Zip: 24 33904  
Country: 25 US  
City & State: 28 Cape Coral, FL  
Zip: 29 33904  
Country: 30 Lee

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
GOODWIN, JULIA  
4707 SE 5TH AVENUE  
SUITE 203  
CAPE CORAL FL 33904

10. Name and Address of New Registered Agent  
81 Name: Ilamarie Pierce  
82 Street Address (P.O. Box Number is Not Acceptable): 4226 DEL PRADO Blvd  
83 City: Cape Coral  
84 City: Cape Coral  
85 Zip Code: FL 33904

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *Ilamarie Pierce* Ilamarie Pierce DATE: 4/30/96

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	GOODWIN, JULIA C.	
STREET ADDRESS	4707 SE 5TH AVE., STE. 203	
CITY-ST-ZIP	CAPE CORAL, FL 00000	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	BATES, MARY O	
STREET ADDRESS	135 E. 61 ST APT 4-D	
CITY-ST-ZIP	NEW YORK NY	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	OXFORD, LORETTA	
STREET ADDRESS	4707 SE 5TH AVENUE, #103	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Pres-D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Ralph Caiazza	
1.3 STREET ADDRESS	4707 SE 5TH AVE #203	
1.4 CITY-ST-ZIP	Cape Coral, FL 33904	
2.1 TITLE	V P-D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	John Keefee	
2.3 STREET ADDRESS	4707 SE 5TH AVE #102	
2.4 CITY-ST-ZIP	Cape Coral, FL 33904	
3.1 TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Michael Carbone	
3.3 STREET ADDRESS	4707 SE 5TH AVE #201	
3.4 CITY-ST-ZIP	Cape Coral, FL 33904	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	700001866697	
6.3 STREET ADDRESS	-06/19/96--01033--046	
6.4 CITY-ST-ZIP	***61.25	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Ralph Caiazza* Ralph Caiazza DATE: 4/30/96 PHONE: 941-542-8712

CR2E037 (12/95)