

FILE NOW: FILING FEE IS \$61.25

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Mar 26 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 754041 (2)
 1. Corporation Name
FALCON BAY CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 4707 SE 5TH AVE. SUITE 100 CAPE CORAL FL 33904 US	Mailing Address 4226 DEL PRADO CAPE CORAL FL 33904-7168
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3. Date Incorporated or Qualified 09/04/1980	3a. Date of Last Report 06/18/1996
4. FEI Number 59-2249660	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt #, etc. 22	Suite, Apt #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
	Zip 29
	Country 30

9. Name and Address of Current Registered Agent

**PIERCE, ILAMARIS
4226 DEL PRADO BLVD
CAPE CORAL FL 33904**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** **85** Zip Code

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: *Ilamaris Pierce* *Ilamaris Pierce* **3/20/97**
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when relistening) DATE

12. OFFICERS AND DIRECTORS

TITLE PD	<input checked="" type="checkbox"/> DELETE
NAME GIAZZIA, RALPH	
STREET ADDRESS 4707 SE 5TH AVE., STE. 203	
CITY-ST-ZIP CAPE CORAL FL 33904	
TITLE VPD	<input type="checkbox"/> DELETE
NAME KEEFEE, JOHN	
STREET ADDRESS 4707 SE 5TH AVE., STE 102	
CITY-ST-ZIP CAPE CORAL FL 33904	
TITLE STD	<input checked="" type="checkbox"/> DELETE
NAME CARBONE, MICHAEL	
STREET ADDRESS 4707 SE 5TH AVENUE, #201	
CITY-ST-ZIP CAPE CORAL FL 33904	
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 PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME Keefe, John	
1.3 STREET ADDRESS 4707 SE 5th. Ave. #102	
1.4 CITY-ST-ZIP Cape Coral, Fl. 33904	
2.1 TITLE VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME Labriola, James	
2.3 STREET ADDRESS 4704 SE 5th. Ave. #201	
2.4 CITY-ST-ZIP Cape Coral, Fl. 33904	
3.1 TITLE STD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME Barbaro, Robert P.	
3.3 STREET ADDRESS 4704 SE 5th. Ave. #202	
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	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *John S. Keefe* **3/20/97**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE

CR2E037 (9/96)