

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 12, 2001 8:00 am**  
**Secretary of State**

04-12-2001 90177 012 \*\*\*\*61.25

**DOCUMENT # 754041**

1. Entity Name

**FALCON BAY CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

4707 SE 5TH AVE.  
 SUITE 103  
 CAPE CORAL FL 33904  
 US

4226 DEL PRADO  
 CAPE CORAL FL 33904

**U0046439**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2249660**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

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

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	PD KEEFE, JOHN	<input type="checkbox"/> Delete
STREET ADDRESS	4707 SE 5TH AVE., #102	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE NAME	VPD DUNHAM, ARTHUR	<input type="checkbox"/> Delete
STREET ADDRESS	4707 SE 5TH AVE., #101	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE NAME	SD OXFORD, LORETTA	<input type="checkbox"/> Delete
STREET ADDRESS	4704 SE 5TH AVE.	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE NAME		<input type="checkbox"/> Delete
TITLE NAME		<input type="checkbox"/> Delete
TITLE NAME		<input type="checkbox"/> Delete

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:** *Ilamaric Pierce*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-01 941-542-8912  
 Date Daytime Phone #

CR2E037 (10/00)