



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2007 08:00 AM
Secretary of State

DOCUMENT # 754041 1. Entity Name FALCON BAY CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 4707 SE 5TH AVE., #101 CAPE CORAL, FL 33904 US	Mailing Address 4707 SE 5TH AVE., #101 CAPE CORAL, FL 33904 US
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DO NOT WRITE IN THIS SPACE



01082007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2249660	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROWEN, SAMUEL F
 4707 SE 5TH AVE., #101
 CAPE CORAL, FL 33904

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature: Typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reconstituting)

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	PD ROWEN, SAMUEL F 4707 SE 5TH AVE #101 CAPE CORAL, FL 33904
TITLE NAME STREET ADDRESS CITY, ST, ZIP	VD SANFORD, FLORENCE 4707 SE 5TH AVENUE, #202 CAPE CORAL, FL 33904
TITLE NAME STREET ADDRESS CITY, ST, ZIP	SD BUSCH, HANS 4707 SE 5TH AVE., #203 CAPE CORAL, FL 33904
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 01/10/07-80091-010 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 empowers.

SIGNATURE: Samuel F. Rowen 1-8-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date