

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 754041

FILED
Jan 06, 2009
Secretary of State

Entity Name: FALCON BAY CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

4707 SE 5TH AVE., #101
CAPE CORAL, FL 33904 US

New Principal Place of Business:

Current Mailing Address:

4707 SE 5TH AVE., #101
CAPE CORAL, FL 33904 US

New Mailing Address:

FEI Number: 59-2249660 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ROWEN, SAMUEL F
Address: 4707 SE 5TH AVE #101
City-St-Zip: CAPE CORAL, FL 33904

Title: VD () Delete
Name: WERNER, JAMES
Address: 4707 SE 5TH AVE 103
City-St-Zip: CAPE CORAL, FL 33904 US

Title: SD () Delete
Name: BUSCH, HANS
Address: 4707 SE 5TH AVE., #203
City-St-Zip: CAPE CORAL, FL 33904

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: WERNER, JAMES
Address: 4707 SE 5TH AVE #103
City-St-Zip: CAPE CORAL, FL 33904 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: SAMUEL F. ROWEN

PD

01/06/2009

Electronic Signature of Signing Officer or Director

_____ Date