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Apr 30 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 769864 (0)

1. Corporation Name

FALCON RIDGE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

PO BOX 161
OZONA FL 34060
US

Mailing Address

PO BOX 161
OZONA FL 34060-0161
US3. Date Incorporated or Qualified
08/17/19833a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip 25 Country

29 Zip 30 Country

4. FEI Number
59-2850436Applied For
☒ Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

9. Name and Address of Current Registered Agent

JOHNSTON, EDWARD
2240 TAMARRON TERR
PALM HARBOR FL 34683

10. Name and Address of New Registered Agent

81 Name

ARMENTA, WAYNE

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

2161 TAMARRON TERRACE

83

84 City

PALM HARBOR

FL

85 Zip Code

34683

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

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

(NOTE: Registered Agent signature required when resigning)

04-11-97

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME SARINE, SCOTT
STREET ADDRESS 2205 TAMARRON TERR
CITY-ST-ZIP PALM HARBOR FL1.1 TITLE T
1.2 NAME ARMENTA, WAYNE
1.3 STREET ADDRESS 2161 TAMARRON TERRACE
1.4 CITY-ST-ZIP PALM HARBOR FL 34683TITLE T
NAME JOHNSTON, EDWARD
STREET ADDRESS 2240 TAMARRON TERR
CITY-ST-ZIP PALM HARBOR FL2.1 TITLE S
2.2 NAME ULM, KAREN
2.3 STREET ADDRESS 2228 TAMARRON TERRACE
2.4 CITY-ST-ZIP PALM HARBOR FL 34683TITLE D
NAME SENKOW, MATT
STREET ADDRESS 2217 TAMARRON TERR.
CITY-ST-ZIP PALM HARBOR FL3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE D
NAME DONOHUE, DAN
STREET ADDRESS 2125 TAMARRON TERR
CITY-ST-ZIP PALM HARBOR FL4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP6.1 TITLE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-11-97

Date

813-416-5607

Daytime Phone # 0088632

CR2E037 (9/96)