

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000002287

FILED  
Feb 25, 2008  
Secretary of State

**Entity Name:** FALCON RIDGE OF BREVARD HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

504 NORTH HARBOR CITY BOULEVARD  
MELBOURNE, FL 32935

**New Principal Place of Business:**

3840 W. EAU GALLIE BLVD. SUITE 106  
MELBOURNE, FL 32934

**Current Mailing Address:**

C/O DIVERSIFIED PROPERTY MANAGEMENT  
1608 SUNNY BROOK LANE NE E107  
PALM BAY, FL 32905

**New Mailing Address:**

FEI Number: 20-4437464      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ENGLE, C. DOUGLAS  
504 NORTH HARBOR CITY BOULEVARD  
MELBOURNE, FL 32935      US

**Name and Address of New Registered Agent:**

JARVI, BRADLEY R  
1608 SUNNY BROOK LANE NE E107  
PALM BAY, FL 32905      US

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: BRADLEY R. JARVI

02/25/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: ENGLE, C. DOUGLAS  
Address: 504 NORTH HARBOR CITY BOULEVARD  
City-St-Zip: MELBOURNE, FL 32935

Title: VD ( ) Delete  
Name: WOOD, GREGORY T  
Address: 504 NORTH HARBOR CITY BOULEVARD  
City-St-Zip: MELBOURNE, FL 32935

Title: STD ( ) Delete  
Name: MORGAN, STEVEN J  
Address: 504 NORTH HARBOR CITY BOULEVARD  
City-St-Zip: MELBOURNE, FL 32935

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: ARMACOST, DAVID  
Address: 3840 W. EAU GALLIE BLVD. SUITE 106  
City-St-Zip: MELBOURNE, FL 32934

Title: VD (X) Change ( ) Addition  
Name: SERRE, MARK  
Address: 3840 W. EAU GALLIE BLVD. SUITE 106  
City-St-Zip: MELBOURNE, FL 32934

Title: STD (X) Change ( ) Addition  
Name: PORTER, ELIZABETH  
Address: 3840 W. EAU GALLIE BLVD. SUITE 106  
City-St-Zip: MELBOURNE, FL 32934

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: DAVID ARMACOST

PD

02/25/2008

Electronic Signature of Signing Officer or Director

Date