

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000002815

1. Entity Name

FALCON RIDGE NEIGHBORHOOD ASSOCIATION, INC.

Principal Place of Business

27 HERITAGE WAY
NAPLES FL 34110
US

Mailing Address

P. O. BOX 110207
NAPLES FL 34108
US

2. Principal Place of Business

42 HERITAGE WAY

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

NAPLES FL

City & State

Zip

34110

Country

COLLIER

Country

4. FEI Number

65-0576901

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

KEREKES, ROBIN
26 HERITAGE WAY
NAPLES FL 34110

7. Name and Address of New Registered Agent

Name

PETER BURKE - PRESIDENT

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

42 HERITAGE WAY

City

NAPLES

FL

Zip Code

34110

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

Joel A. Noessler OST

4-10-01

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

TITLE DP ☐ Delete
NAME BURKE, PETER
STREET ADDRESS 42 HERITAGE WAY
CITY-ST-ZIP NAPLES FL 34110

TITLE OST ☐ Delete
NAME HOESSLET, JUDITH
STREET ADDRESS 40 HERITAGE WAY
CITY-ST-ZIP NAPLES FL 34110

TITLE DVP ☐ Delete
NAME ALLEN, CHERYL
STREET ADDRESS 49 HERITAGE WAY
CITY-ST-ZIP NAPLES FL 34110

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE OST ☒ Change ☐ Addition
NAME NOESSLER, JUDITH
STREET ADDRESS 40 HERITAGE WAY
CITY-ST-ZIP NAPLES, FL 34110

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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)(i), 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:

Joel A. Noessler RECEIVED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-01

Date

941-198-4490

Daytime Phone #

CR2E037 (10/00)