

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 13, 2004 8:00 am
Secretary of State

09-13-2004 90006 022 ****61.25

DOCUMENT # N94000002815	
1. Entity Name FALCON RIDGE NEIGHBORHOOD ASSOCIATION, INC.	

Principal Place of Business 42 HERITAGE WAY NAPLES, FL 34110 US	Mailing Address P. O. BOX 110207 NAPLES, FL 34108 US
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54072805



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

07152004 Chg-NP CR2E037 (10/03)

4. FEI Number 65-0576901		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent
BURKE, PETER 42 HERITAGE WAY NAPLES, FL 34110		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	DP ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	BURKE, PETER	NAME	
STREET ADDRESS	42 HERITAGE WAY	STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 34110	CITY-ST-ZIP	
TITLE	DVP ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	EVANS, JOHN	NAME	
STREET ADDRESS	46 HERITAGE WAY	STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 34110	CITY-ST-ZIP	
TITLE	GST ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	RAULES, THOMAS E JR	NAME	
STREET ADDRESS	55 HERITAGE WAY	STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 34110	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

TE Raules Jr 8/12/04

239-513-8465