

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002815

**FILED**  
**Mar 07, 2011**  
**Secretary of State**

**Entity Name:** FALCON RIDGE NEIGHBORHOOD ASSOCIATION, INC.

**Current Principal Place of Business:**

42 HERITAGE WAY  
NAPLES, FL 34110 US

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 110207  
NAPLES, FL 34108 US

**New Mailing Address:**

**FEI Number:** 65-0576901

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BURKE, PETER  
42 HERITAGE WAY  
NAPLES, FL 34110 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: DP  
Name: BURKE, PETER  
Address: 42 HERITAGE WAY  
City-St-Zip: NAPLES, FL 34110

Title: DVP  
Name: RICE, JOANN  
Address: 30 HERITAGE WAY  
City-St-Zip: NAPLES, FL 34110

Title: GST  
Name: YOUNG, BRAD  
Address: 17 HERITAGE WAY  
City-St-Zip: NAPLES, FL 34110

I hereby 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 all other like empowered.

SIGNATURE: BRAD YOUNG

GST

03/07/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date