FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996 DOCUMENT #

P94000036694 (5)

FALCON RIDGE DEVELOPMENT CORPORATION

| Principal Place of Business Mailing Address | | | | | 1 10 TO 1 | Desc (1011) | JOINE 18311 W/91 1881 | |
|---|---|---|-------------|---|---|--|------------------------------------|--|
| 10681 REGENT CIRCLE 2150 GOODLETTE RD., 6TH FLOOR NAPLES FL 33942 US | | P.O. BOX 420207 2150 GOODLETTE RD., 6TH FLOOR NAPLES FL 33942 US | | | | | | |
| | | | | 3. Date Incorporated or Qualified | | 1995 | | |
| 2. Principal Place of Business 21 2/24 LA PAZ COURT | | 2a. Mailing Address | | 4. FEI Number - 65-0490905 | 65-0490905 Not Applicat | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required | | | |
| City & State NAMES , FL. | | City & State | | | Election Campaign Financing Trust Fund Contribution | Fund Contribution Added to Fees | | |
| Zip 24 339 4 | | Ζφ 29 | Count | ry | 8. This corporation has liability for intarigible tax under s 199.032, Florida Statutes Yes No | | | |
| | 9. Name and Address of Current | Registered Agent | | 1 Nome | 10. Name and Address of New I | Registered Agent | | |
| | | | [° | Name J | PRANCH | | | |
| LOCKER, JOSEPH R JA. | | | 8 | 82 Street Address (P.O. Box Number is Not Acceptable) | | | İ | |
| | GOODLETTE RD. | | E | 3 | | | | |
| 6TH FI | ES FL 33940 | | | | | | | |
|) WATER | 23 1 € 33940 | | į e | 4 City | | FL 85 Z | 'ip Code | |
| or registers | o the provisions of Sections 607.050? ed agent, or both, in the State of Florid th, and accept the obligations of, Social Simular med or pinted name of registered agents | a. Such change was authorize on 607,0505, Florida Statutes. PALLIC | d by the co | rporation's ti | poration submits this statement for the puoperd of directors. I hereby accept the appured when reinstaling) | urpose of changing its pointment as registered 4/30/96 | registered office d agent. I am | |
| 12. | OFFICERS AND | | 13. | | ADDITIONS/CHANGES TO OF | FICERS AND DIRECT | ORS IN 12 | |
| TITLE | PD | []] DELETE | 1, 1 TITL | .F | taka ada araban sara sara sara sara sara sara sara sa | Change | Add tion | |
| NAME | PARADIS, JAMES F | | 1.2 NAN | 16 | 2124 LA PAZ COUR | مسو (| | |
| STREET ADDRESS | 10001-REGENT-OIRGLE | | 1.3 STR | EFT ADDRESS | STAY XX PAR COUNTY | • | | |
| CITY-ST-ZIP | NAPLES FL | FT ACIEIC | | '- SI - 7\P | | ☐ Change | Addition | |
| TITLE | VPD | []] DELETE | 2 1 111 | | | | [] Addition | |
| NAME PENSET APPOISOR | RYAN, GEORGE S 555 HERON POINT ROAD | | 2.2 NAM | FET ADDRESS | | | | |
| STREET ADDRESS CITY-ST-ZIP | NAPLES FL | | 1 | f-ST-ZIP | 2000010 | d and an one of | | |
| TITLE | VSTD | DELETE | 3. 1 717 | | 300001-8 -05/07/9601 | nosnashange | Addition | |
| NAME | RYAN, GEORGE J | _ | 3 2 NAN | /E | ***200.00 | 060 .000 | | |
| STREET ADDRESS | 263 NORTH LAKE DRIVE | | 3.3. STF | REET ADDRESS | *****200.00 | | | |
| CITY-ST-ZIP | NAPLES FL | | 3.4 010 | (-S[-ZIF | | | | |
| TITLE | D | DELETE | 4. 1 TiT | LĒ | | 🔀 Change | Addition | |
| NAME | PARADIS, JOSEPH A. J | | 4 2 NAM | 4E | 397/ GULF SHORE BA | 10. # 400 | 2. | |
| STREET ADDRESS | -2301 GULESHORE BLVD. N | İ | | | AIN CHEST SHOOL WA | | _ | |
| CITY-ST-ZIP | NAPLES FL | T DELFTE | 4.4 CIT | Y-ST-ZIP | | Change | e | |
| THILE | | - Dett. it | 5 1 III | | | Grange | | |
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| CITY-ST-ZIP | | | | Y-ST-ZIP | | | | |
| TITLE | | DELETE | 6 1 TiT | | | ☐ Change | Addition | |
| NAME | | | 6.2 NA | ME I | | | <i>4</i> ∂64≾ | |
| STREET ADDRESS | | | 6 3 STF | EFT ADDRESS | | | 610 | |
| CITY-ST-ZIP | | · · · · · · · · · · · · · · · · · · · | | Y-\$1-7IP | | | 5-1-7 | |
| | | | | true and act ed to execute | lify for the exemption stated in Section 11 curate and that my signature shall have the e this report as required by Chapter 607, | | | |

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/86 (941) 586-3815

CR2E034 (12/95)