FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 4:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N21365 (4)

1. Corporation Name
FALCON'S LEA PATIO HOMEOWNERS ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
15010 DURHAM LN DAVIE FL 33331 US	15010 DURHAM LN DAVIE FL 33331 US

3. Date Incorporated or Qualified: 06/29/1987
3a. Date of Last Report: 07/12/1994
4. FEI Number: 65-0026751 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 4839 S.W. 148th Ave.	26 4839 S.W. 148th Ave.
Suite, Apt. #, etc. 22 #329	Suite, Apt. #, etc. 27 #329
City & State 23 DAvie,Fl.	City & State 28 Davie, Fl.
Zip / Country 24 33330 / 25 USA	Zip / Country 29 33330 / 30 USA

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
DEYOUNG, JOYE L 15010 DURHAM LN. DAVIE FL 33331	81 Name: Jeff SAnford-%Falcons LEa Homeowners Ass 82 Street Address (P.O. Box Number is Not Acceptable): 4839 S.W. 148th Avenue 83 #329 84 City: Davie 85 Zip Code: ****130.00 FL ****33330

700001490437
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11. Pursuant to the provisions of Sections 607.0502 and 607.1503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: Jeffry N. Sanford 4-5-95
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P JEROME, KATHY 15020 DURHAM LN DAVIE FL	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☒ Change ☐ Addition P Director Jeff N. Sanford 6111 Swinden Lane Davie, Fl.33331
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST DEYOUNG, JOYE L 15010 DURHAM LN DAVIE FL	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☒ Change ☐ Addition V Director Randy Bourbeau 6340 Plymouth Lane Davie,Fl. 33331
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ORTEGA, ROLANDO 14960 DURHAM LN DAVIE FL	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☒ Change ☐ Addition T Director Frank Sacchetti 15221 Norfolk Lane Davie, Fl. 33331
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BEHRMAN, ANDREW 15130 DURHAM LN DAVIE FL	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☒ Change ☐ Addition S Director Barbara Bello 15001 Durham Lane Davie, Fl. 33331
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V SANDFORD, JEFF 6111 SWINDEN LN DAVIE FL	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☒ Change ☐ Addition D Director Arnie Golditch 15120 Durham Lane Davie, Fl. 33331
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☒ Addition Alternate Director Jeff Stinson C4 15030 Durham Lane Davie, Fl. 33331

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jeffry N. Sanford 4-1-95 898-2949
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0047371