

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N21365

**FILED**  
**Mar 28, 2010**  
**Secretary of State**

**Entity Name:** FALCON'S LEA PATIO HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

14950 NORFOLK LANE  
DAVIE, FL 33331 US

**New Principal Place of Business:**

**Current Mailing Address:**

14950 NORFOLK LANE  
DAVIE, FL 33331 US

**New Mailing Address:**

**FEI Number:** 65-0026751

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SANFORD, JEFF  
6111 SWINDEN LANE  
DAVIE, FL 33331 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: P  
Name: SANFORD, JEFF  
Address: 6111 SWINDEN LANE  
City-St-Zip: DAVIE, FL 33331 US

Title: S  
Name: SKINKIS, HEATHER  
Address: 15210 NORFOLK LANE  
City-St-Zip: DAVIE, FL 33331 US

Title: T  
Name: BUCKLEY, CHRISTINE  
Address: 15221 NORFOLK LANE  
City-St-Zip: DAVIE, FL 33331 US

Title: VP  
Name: POOLE, KELLEY  
Address: 6060 SWINDEN LANE  
City-St-Zip: DAVIE, FL 33331

Title: D  
Name: BURFEINDT, ROBIN  
Address: 6160 MANCHESTER LANE  
City-St-Zip: DAVIE, FL 33331

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: CHRISTINE BUCKLEY

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03/28/2010

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

\_\_\_\_\_  
Date