

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N21365

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

**Current Principal Place of Business:**

14950 NORFOLK LANE  
DAVIE, FL 33331

**Current Mailing Address:**

14950 NORFOLK LANE  
DAVIE, FL 33331 US

**FEI Number:** 65-0026751

**Certificate of Status Desired:** No

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

SANFORD, JEFF  
6111 SWINDEN LANE  
DAVIE, FL 33331 US

*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

**Officer/Director Detail :**

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

Title S  
Name PRICE, KATHY  
Address 15160 NORFOLK LANE  
City-State-Zip: DAVIE FL 33331

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

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

Title DIRECTOR  
Name TAVELLA, CHRIS  
Address 6140 PORTSMOUTH LANE  
City-State-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: KELLEY POOLE**

**TREASURER**

**04/07/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date