## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## FILED May 01, 2008 08:00 AN Secretary of State **DOCUMENT # 729392** 1. Entity Name FALCON'S LAIR CONDOMINIUM ASSOCIATION, INC. Principal Place of Business . . Mailing Address 2715 E. OAKLAND PARK BLVD 2880 NE 32ND STREET FORT LAUDERDALE FL 33306 FORT LAUDERDALE FL 33306 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Aut. #. etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/07) City & State City & State 4. FEI Number Applied For 59-1656510 Not Applicable Zιp Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SENESI, FRED P Street Address (P.O. Box Number is Not Acceptable) 2715 E. OAKLAND PARK BLVD., STE. 300 FORT LAUDERDALE FL 33306 City Zip Code 6. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or punied name of legistered agent and the ill applicable (NOTE: Beg started Agant signature required when reinstating) DATE Alkerinerseldiki, for FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2008 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 PD DIDE ☐ Delete TITLE ☐ Change SENESI, FRED P NAME NAME 2715 E. OAKLAND PARK BLVD., SUITE 300 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP FORT LAUDERDALE FL 33306 CITY-ST-ZiP VD TITLE C Celete TITLE U00000941698 Change Addition NAZZARO, GRACE NAME 05/28/08-80118-023 61.25 NAME 2880 NE 32ND STREET STREET ADDRESS STREET ADDRESS FORT LAUDERDALE FL 33306 CITY-ST-ZIP CITY-ST-ZIP STD THE ☐ Delete ☐ Change TITLE ☐ Addition NAME PETRITSIS, PARIS NAME 2880 NE 32ND ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33306 CITY-ST-ZIP TITLE Delete TITLE ☐ Change Control | Contro NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZiP TITLE Delete TITLE Change ☐ Addition NAME NAME STHELT ADDRESS STRUET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119, Florida Statutes 1 further certify that the information

indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like unpowered.

SIGNATURE:

4/21/0