2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2004 8:00 am
Secretary of State
04-05-2004 90414 032 ****61.25

DOCUMENT # 740919

1. Entity Name

FALCON APARTMENTS, INC.

Principal Place of Business	Mailing Address
~~601 S. FEDERAL HWY~~ 11 N. J ST LAKE WORTH FL 33460 US	~~601 S. FEDERAL HWY~~ 11 N. J ST LAKE WORTH FL 33460 US

MOORE CR2E037 (11/03)

2. Principal Place of Business	3. Mailing Address
11 North J Street	11 North J Street
Suite, Apt. #, etc.: Suite # 3	Suite, Apt. #, etc.: Suite # 3
City & State: Lake Worth FL	City & State: Lake Worth FL
Zip: 33460 Country: US	Zip: 33460 Country: US

4. FEI Number: 59-1976720 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ISABELL, SANDRA M.
~~601 S. FEDERAL HWY~~ 11 N. J. ST. #3
LAKE WORTH FL 33460

7. Name and Address of New Registered Agent

Name: ISABELL, Sandra M.
Street Address (P.O. Box Number is Not Acceptable): 11 North J. Street
Suite # 3
City: Lake Worth FL Zip Code: 33460

8. 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 printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD ~~CLEMENT, KEVIN~~ ~~301 W. OCEAN AVE #24~~ ~~LANTANA FL 33462~~	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP D STAGLIANO, Vito 301 W. Ocean Ave.	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S ~~CLEMENT, CONNIE~~ ~~301 W. OCEAN AVE #24~~ ~~LANTANA FL 33462~~	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Jones, Tom Lantana, FL 33462	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T STAGLIANO, VITO vice Pres. 301 W OCEAN AVE #26 LANTANA FL 33462	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SPINELLA, MARJORIE Pres ~~2087 ISLAND CLUB WEST~~ 51 Lake Shore Dr ~~LANTANA FL~~ Hypoluxo, FL 33462	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Spinella, Marjorie 51 Lake Shore Drive Hypoluxo, FL 33462	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Sec. tom Jones BAUER, MIKE ~~301 W. OCEAN AVE~~ #6 PO Box 55 ~~LANTANA FL 33462~~ Lake Worth FL 33460	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I 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 empowered.

SIGNATURE: Marjorie Spinella MARJORIE SPINELLA 4/2/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #