## 2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

ras

SIGNATURE:

## Apr 11, 2007 8:00 am Secretary of State **DOCUMENT #740919** 04-11-2007 90032 018 \*\*\*\*61.25 FALCON APARTMENTS, INC. Principal Place of Business Mailing Address 40020000 11 N. J STREET 11 N. J STREET SUITE 3 SUITE 3 LAKE WORTH, FL 33460 LAKE WORTH, FL 33460 US US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite Apt. #, etc. Suite, Apt. #, etc. 02202007 Cha-NP CR2E037 (12/06) 4. FEI Number Applied For City & State City & State 59-1976720 Not Applicable Zip 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 Name ISABELL, SANDRA M. Street Address (P.O. Box Number is Not Acceptable) 11 N J ST #3 LAKE WORTH, FL 33460 City Zip Code 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 Filing Fee is \$61.25 9. Election Campaign Financing Make check payable to \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2007 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. TILE ☐ Delete TITLE ☐ Change ☐ Addition ERICSON, TODD NAME NAME STREET ADDRESS 1216 PALMS WAY STREET ADDRESS LAKE WORTH, FL 33462 CITY-ST-ZIP CITY-ST-7IP ☐ Delete TIFLE TITLE ☐ Change ☐ Addition NAME ISABELL, SANDRA NAME 412 SOUTH LIST STREET ADDRESS STREET ADDRESS CITY-ST-ZIF LAKE WORTH, FL 33460 CITY-ST-ZIE Delete MILE ☐ Change ☐ Addition WOODS, SYLVIA NAME NAME STREET ADDRESS 301 WEST OCEAN AVE #6 STREET ADDRESS CITY-ST-ZIP LANTANA, FL 33462 CITY-ST-71P TITLE ☐ Delete Change ☐ Addition TITLE NAME CACCIOLA, COSIMO 207 EAST PALM ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LANTANA, FL 33462 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition ERICSON, SUSAN NAME NAME STREET ADDRESS 1216 PALMS WAY STREET ADDRESS LANTANA, FL 33462 CITY-ST-ZIP CITY-ST-7/P V. Stagliano TITLE D ☐ Delete TITLE 144 Whitefield Avenue STAELIAM, VITO NAME Weston, Ontario M9L1H1 STREET ADDRESS 144 WHITEFIELD AVE STREET ADDRESS WESTON, ONTARIO, CA m961h1 CITY-ST-ZIP CANADA 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that me 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 cath; 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.

**FILED** 

Daytime Phone #