

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 740919

FILED
Apr 27, 2009
Secretary of State

Entity Name: FALCON APARTMENTS, INC.

Current Principal Place of Business:

11 N. J STREET
SUITE 2
LAKE WORTH, FL 33460 US

New Principal Place of Business:

Current Mailing Address:

11 N. J STREET
SUITE 2
LAKE WORTH, FL 33460 US

New Mailing Address:

FEI Number: 59-1976720

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ISABELL, SANDRA M.
11 N J ST #2
LAKE WORTH, FL 33460 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 () Delete
Name: ERICSON, TODD
Address: 1216 PALMS WAY
City-St-Zip: LAKE WORTH, FL 33462

Title: S () Delete
Name: ISABELL, SANDRA
Address: 412 SOUTH L ST
City-St-Zip: LAKE WORTH, FL 33460

Title: VP () Delete
Name: WOODS, SYLVIA
Address: 301 WEST OCEAN AVE #6
City-St-Zip: LANTANA, FL 33462

Title: T () Delete
Name: CACCIOLA, COSIMO
Address: 207 EAST PALM ST
City-St-Zip: LANTANA, FL 33462

Title: D () Delete
Name: ERICSON, SUSAN
Address: 1216 PALMS WAY
City-St-Zip: LANTANA, FL 33462

Title: D () Delete
Name: STAGLIANO, VITO
Address: 144 WHITEFIELD AVE
City-St-Zip: WESTON, ONTARIO, CA M961H1

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: SANDRA ISABELL

S

04/27/2009

Electronic Signature of Signing Officer or Director

Date