FILED

2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

Apr 24, 2003 8:00 am § Secretary of State DOCUMENT # 740919 04-24-2003 90191 004 ****61.25 FALCON APARTMENTS, INC. Principal Place of Business Mailing Address 601 S. FEDERAL HWY 601 S. FEDERAL HWY LAKE WORTH FL 33460 LAKE WORTH FL 33460 US US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 59-1976720 Applied For 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 ONDER ISABELL, SANDRA M. 3435 LAKE WORTH RD LAKE WORTH FL 33461 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Florida Department of State Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. **VPD** TITLE ☐ Delete TITLE ☐ Change Addition CLEMENT, KEVIN NAME NAME 301 W, OCEAN AVE #24 STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP LANTANA FL 33462 TITLE ☐ Delete TITLE Сhалде ☐ Addition CLEMENT, CONNIE NAME NAMÉ 301 W. OCEAN AVE #24 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LANTANA FL 33462 CITY - ST-7iP TITLE ☐ Delete ☐ Change Addition STAGLIANO, VITO -- -NAME NAME 301 W OCEAN AVE #26 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LANTANA FL 33462 CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition SPINELLA, MARJORIE NAME NAME 3887 ISLAND CLUB WEST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LANTANA FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition BAUER, MIKE NAME NAME 301 W. OCEAN AVE #6 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LANTANA FL 33462 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE

STREET ADDRESS CITY-ST-ZIP