

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 769864

FILED
Apr 19, 2008
Secretary of State

Entity Name: FALCON RIDGE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2135 VANCE AVE
PALM HARBOR, FL 34683 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 161
OZONA, FL 34660 US

New Mailing Address:

FEI Number: 59-2850436

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MATERIA, SAL
2135 VANCE AVE
PALM HARBOR, FL 34683 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: PD () Delete
Name: SMITH, JAMES
Address: 1043 RIDGE VIEW LN
City-St-Zip: PALM HARBOR, FL 34683

Title: VPD () Delete
Name: WARNER, ROBERT
Address: 1011 MALCON ARBE LN
City-St-Zip: PALM HARBOR, FL 34682

Title: TD () Delete
Name: MATERIA, SAL
Address: 2135 VANCE AVE
City-St-Zip: PALM HARBOR, FL 34683

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:

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: SAL MATERIA

TD

04/19/2008

Electronic Signature of Signing Officer or Director

Date