

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2006 08:00 AM
Secretary of State

DOCUMENT # N03000003119

1. Entity Name
FALCON ESTATES HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
11231 NW 18TH STREET
PLANTATION, FL 33323

Mailing Address
11231 NW 18TH STREET
PLANTATION, FL 33323

DO NOT WRITE IN THIS SPACE



01082006 No Chg-NP CR2E037 (11/05)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

KLEIN, LEE
11231 NW 18TH STREET
PLANTATION, FL 33323

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IN THIS SPACE**

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
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BAUER, PEGGY
STREET ADDRESS	11361 NW 18TH STREET
CITY-ST-ZIP	PLANTATION, FL 33323
TITLE	D
NAME	KLEIN, LEE
STREET ADDRESS	11231 NW 18TH STREET
CITY-ST-ZIP	PLANTATION, FL 33323
TITLE	D
NAME	FILICHIO, BEN
STREET ADDRESS	11431 NW 18TH STREET
CITY-ST-ZIP	PLANTATION, FL 33323
TITLE	D
NAME	LOSHIN, MARY
STREET ADDRESS	11430 NW 18TH STREET
CITY-ST-ZIP	PLANTATION, FL 33323
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/17/06-80037-012 61.25

**DO NOT WRITE
IN THIS SPACE**

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Lee Klein

1-9-2006. 423-9483