

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

2007 SEP 13 PM 2:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09122007 Chg-NP CR2E037 (12/06)

DOCUMENT # N05000008128 1. Entity Name FALCONS LANDING PROPERTY OWNERS' ASSOCIATION, INC.					
Principal Place of Business 5431 US HWY 98 SOUTH LAKELAND, FL 33812			Mailing Address PO BOX 237 HIGHLAND CITY, FL 33846		
2. Principal Place of Business - No P.O. Box # 5825 Crews Lake Rd.		3. Mailing Address 4037 Byrds Crossing Dr.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Lakeland, FL		City & State Lakeland, FL		4. FEI Number 65-1256558	
Zip 33812		Country Polk		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MARTIN E SNOW JR 200 LAKE MORTON DR LAKELAND, FL 33801		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL 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 _____ 500109593805 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when changing registered agent.)					
Amended AF is \$61.25		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LOFTIN, WILLIAM H 5371 US HWY 98 SOUTH LAKELAND, FL 33812	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Cristy Eckert 4037 Byrds Crossing Dr. Lakeland, FL 33812	☒ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ROGERS, OSCAR W JR 5431 US HWY 98 SOUTH LAKELAND, FL 33812	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Mary Ann Ottinger 4060 Byrds Crossing Dr. Lakeland, FL 33812	☒ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST ROGERS, C DANE 5431 US HWY 98 SOUTH LAKELAND, FL 33812	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Miriam Valentin 3976 Talon Crest Dr. Lakeland, FL 33812	☒ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ ☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Nita Angel 4069 Byrds Crossing Dr. Lakeland, FL 33812	☒ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ ☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ ☐ Change ☐ Addition	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ ☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ ☐ Change ☐ Addition	☐ Change ☐ Addition
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: <u>Cristy Eckert</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <u>9/12/07</u> 863-648-2480 Daytime Phone #		