


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90052 038 ****61.25

| | |
|---|---|
| DOCUMENT # N05000008128 |  |
| 1. Entity Name FALCONS LANDING PROPERTY OWNERS' ASSOCIATION, INC. | |

| | |
|---|---|
| Principal Place of Business 5825 CREWS LAKE RD LAKELAND, FL 33812 | Mailing Address 4037 BYRDS CROSSING DR LAKELAND, FL 33812 |
|---|---|

40065713



| | | | |
|--|---------|---|------------------------|
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address 4049 Byrds Crossing Dr | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State Lakeland FL | |
| Zip | Country | Zip 33812 | Country Polk |

04082008 Chg-NP CR2E037 (12/06)

| | | |
|---|--|--|
| 4. FEI Number 65-1256558 | | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$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 | | Name | |
| Street Address (P.O. Box Number is Not Acceptable) | | Street Address (P.O. Box Number is Not Acceptable) | |
| City | | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| | | | |
|---|---|------------------------------------|--|
| Filing Fee Is \$61.25 Due by May 1, 2008 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$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 ECKERT, CRISTY 4037 BYRDS CROSSING DR LAKELAND, FL 33812 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DV OTTINGER, MARY ANN 4060 BYRDS CROSSING DR LAKELAND, FL 33812 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DV Carmine PATUTO <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4053 Byrds Crossing Drive Lakeland FL 33812 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DS VALENTIN, MIRIAM 3976 TALON CREST DR LAKELAND, FL 33812 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DT ANGEL, NITA 4069 BYRDS CROSSING DR LAKELAND, FL 33812 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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: Paubali N. Angel **4/8/08** **631-902-6194**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #