2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
May 28, 2008
Secretary of State

DOCUMENT# N06000002287

Entity Name: FALCON RIDGE OF BREVARD HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

3840 W. EAU GALLIE BLVD. SUITE 106
MELBOURNE, FL 32934

New Principal Place of Business:

Current Mailing Address:

C/O DIVERSIFIED PROPERTY MANAGEMENT
1608 SUNNY BROOK LANE NE E107
PALM BAY, FL 32905

New Mailing Address:

FEI Number: 20-4437464 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JARVI, BRADLEY R
1608 SUNNY BROOK LANE NE E107
PALM BAY, FL 32905 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: ARMACOST, DAVID
Address: 3840 W. EAU GALLIE BLVD. SUITE 106
City-St-Zip: MELBOURNE, FL 32934

Title: VD ( ) Delete
Name: SERRE, MARK
Address: 3840 W. EAU GALLIE BLVD. SUITE 106
City-St-Zip: MELBOURNE, FL 32934

Title: STD ( ) Delete
Name: PORTER, ELIZABETH
Address: 3840 W. EAU GALLIE BLVD. SUITE 106
City-St-Zip: MELBOURNE, FL 32934

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: PATTON, CLAY
Address: 3840 W. EAU GALLIE BLVD. SUITE 106
City-St-Zip: MELBOURNE, FL 32934

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: ELIZABETH PORTER STD 05/28/2008

Electronic Signature of Signing Officer or Director — Date