2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N06000003281

1. Entity Name
FALCON CREST OF DAVIE HOMEOWNERS
ASSOCIATION, INC.

Principal Place of Business	Mailing Address
350 S OCEAN BLVD BOCA RATON, FL 33432	350 S OCEAN BLVD BOCA RATON, FL 33432

DO NOT WRITE IN THIS SPACE

01272008   No Chg-NP   CR2E037 (4/06)

4. FEI Number	Applied For
26-0244999	Not Applicable

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

6. Name and Address of Current Registered Agent

LANDAU, MARK
350 S OCEAN BLVD
BOCA RATON, FL 33432

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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, 2008**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	

10.   OFFICERS AND DIRECTORS

TITLE	D
NAME	LANDAU, MARK
STREET ADDRESS	350 S OCEAN BLVD
CITY-ST-ZIP	BOCA RATON, FL 33432

TITLE	D
NAME	KLEIN, MICHAEL
STREET ADDRESS	350 S OCEAN BLVD
CITY-ST-ZIP	BOCA RATON, FL 33432

TITLE	D
NAME	FESSLER, ERIC
STREET ADDRESS	350 S OCEAN BLVD
CITY-ST-ZIP	BOCA RATON, FL 33432

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/11/08-80004-010 61.25

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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 #