

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2007 8:00 am
Secretary of State

02-21-2007 90018 003 ****61.25

DOCUMENT # N16705

1. Entity Name
FALCON'S LEA HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
4839 S.W. 148TH AVENUE
SUITE 211
DAVIE, FL 33330

Mailing Address
4839 S.W. 148TH AVENUE
SUITE 211
DAVIE, FL 33330

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02182007

Chg-NP

CR2E037 (12/06)

4. FEI Number
65-0030026

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DAVIS, STEVEN M
311 STIRLING ROAD
BECKER & POLIAKOFF, PA
FORT LAUDERDALE, FL 33312

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

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, 2007

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 DT ☐ Delete
NAME PRUSAK, ZACHARY
STREET ADDRESS 6520 CROSSBOW COURT
CITY-ST-ZIP DAVIE, FL 33331

TITLE D ☐ Change ☐ Addition
NAME MARIE ETZLER
STREET ADDRESS 15040 WINDBLUFF ST.
CITY-ST-ZIP DAVIE, FL 33331

TITLE S ☐ Delete
NAME HORTON, KELLY
STREET ADDRESS 14921 WINDBLUFF ST
CITY-ST-ZIP DAVIE, FL 33331

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME PARKER, JOHN
STREET ADDRESS 6350 W. FALCONS LEA DR
CITY-ST-ZIP DAVIE, FL 33331

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE P ☐ Delete
NAME DEMARIA, RICHARD M
STREET ADDRESS 15010 WINDBLUFF ST
CITY-ST-ZIP DAVIE, FL 33331

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DVP ☐ Delete
NAME KELLY, ELAINE
STREET ADDRESS 15010 TETHERCLIFT ST.
CITY-ST-ZIP DAVIE, FL 33331

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME BRADLEY, BERYL
STREET ADDRESS 15011 TETHER CLIFT ST
CITY-ST-ZIP DAVIE, FL 33331

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Z. Prusak
Z. PRUSAK

2/18/2007

954 434 4096

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #