

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16705

FILED
Jan 20, 2009
Secretary of State

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-0030026

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVIS, STEVEN M
BECKER & POLIAKOFF, P.A.
3111 STIRLING ROAD
FORT LAUDERDALE, FL 33312 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: DT () Delete
Name: PRUSAK, ZACHARY
Address: 6520 CROSSBOW COURT
City-St-Zip: DAVIE, FL 33331

Title: S () Delete
Name: HORTON, KELLY
Address: 14921 WINDBLUFF ST
City-St-Zip: DAVIE, FL 33331

Title: D () Delete
Name: BLANCO, MANUEL
Address: 15010 E. FALCONS LEA DRIVE
City-St-Zip: DAVIE, FL 33331

Title: P () Delete
Name: DEMARIA, RICHARD M
Address: 15010 WINDBLUFF ST
City-St-Zip: DAVIE, FL 33331

Title: DVP () Delete
Name: KELLY, ELAINE
Address: 15010 TETHERCLIFT ST.
City-St-Zip: DAVIE, FL 33331

Title: D () Delete
Name: HAMILTON, MARTY
Address: 15001 WINDBLUFF STREET
City-St-Zip: DAVIE, FL 33331

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: LEE, TIM
Address: 6510 WEST FALCONSLEA DRIVE
City-St-Zip: DAVIE, FL 33331

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: ZACHARY PRUSAK

DT

01/20/2009

Electronic Signature of Signing Officer or Director

Date