

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 15, 2002 8:00 am**  
**Secretary of State**

0075064

04-15-2002 90060 044 \*\*\*\*61.25

**DOCUMENT # N21365**

1. Entity Name

**FALCON'S LEA PATIO HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**FALCONS LEA PATIO**  
**14981 NORFOLK LN**  
**DAVIE FL 33331**  
**US**

**15751 SHERIDAN ST**  
**PMB # 158**  
**DAVIE FL 33331**  
**US**

2. Principal Place of Business  
**12505 Orange Drive**

3. Mailing Address  
**12505 Orange Drive**

Suite, Apt. #, etc.  
**Suite 906**

Suite, Apt. #, etc.  
**Suite 906**

City & State  
**Davie, FL**

City & State  
**Davie, FL**

Zip  
**33330**

Country  
**Broward**

Zip  
**33330**

Country  
**Broward**

4. FEI Number  
**65-0026751**

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

**SAFDIE, ELLIOT**  
**15751 SHERIDAN ST**  
**PMD # 158**  
**DAVIE FL 33331**

Name  
**Mark Poffenbarger**  
 Street Address (P.O. Box Number is Not Acceptable)  
**c/o Century Management Services, Inc.**  
**12505 Orange Drive Suite 906**  
 City  
**Davie** **FL** Zip Code  
**33330**

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.

SIGNATURE

**Mark Poffenbarger, Property Manager**

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SAFDIE, ELLIOT 15060 DURHAM LANE DAVIE FL 33331	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OLSEN, MARGARITE 6380 PLYMOUTH LN DAVIE FL 33331	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MYERS, KATHY 6161 PORTSMOUTH LANE DAVIE FL 33331	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BELLO, BARBARA 15001 DURHAM LN DAVIE FL 33331	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ORTEGA, ROLANDO 14980 DURHAM LN DAVIE FL 33331	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Richard Joe 6870 Falconsgate Ave Davie, FL 33331	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

**ROLANDO ORTEGA**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)