# FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -3 PM 5:55

DOCUMENT # N36581 (9)

1. Corporation Name

**FALCON CREST PROPERTY OWNERS' ASSOCIATION, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 920 FALCON CREST DRIVE<br>WINTER HAVEN FL 33880 | 920 FALCON CREST DRIVE<br>WINTER HAVEN FL 33880 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/02/1990
3a. Date of Last Report: 06/14/1994
4. FEI Number: 59-3126189 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

**9. Name and Address of Current Registered Agent**

PHILLIPS, JOYCE
920 FALCON CREST DRIVE
WINTER HAVEN FL 33880

**10. Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | PD | 11 TITLE | ☒ Change ☐ Addition<br>PD |
| NAME | SHAFFER, TRACY | 12 NAME | KATHY HANSEL |
| STREET ADDRESS | 151 AVENUE J. S.E. | 13 STREET ADDRESS | 925FALCON CREST DR. |
| CITY-ST-ZIP | WINTER HAVEN FL | 14 CITY-ST-ZIP | WINTER HAVEN,FL. |
| TITLE | VD | 21 TITLE | ☒ Change ☐ Addition<br>VD |
| NAME | SHAFFER, DAVID | 22 NAME | JOHN PHILLIPS |
| STREET ADDRESS | 45 TOWER MANOR DRIVE | 23 STREET ADDRESS | 920 FALCON CREST DR. |
| CITY-ST-ZIP | AUBURNDALE FL 33823 | 24 CITY-ST-ZIP | WINTER HAVEN, FL |
| TITLE | STD | 31 TITLE | ☐ Change ☐ Addition<br>STD |
| NAME | PHILLIPS, JOYCE | 32 NAME | JOYCE |
| STREET ADDRESS | 920 FALCON CREST DRIVE | 33 STREET ADDRESS | |
| CITY-ST-ZIP | WINTER HAVEN FL 33880 | 34 CITY-ST-ZIP | |
| TITLE | D | 41 TITLE | ☐ Change ☐ Addition |
| NAME | GERSTMAN, EVELYN | 42 NAME | |
| STREET ADDRESS | 918 FALCON CREST DRIVE | 43 STREET ADDRESS | |
| CITY-ST-ZIP | WINTER HAVEN FL 33880 | 44 CITY-ST-ZIP | |
| TITLE | D | 51 TITLE | ☐ Change ☐ Addition |
| NAME | PHILLIPS, JOHN | 52 NAME | |
| STREET ADDRESS | 920 FALCON CREST DRIVE | 53 STREET ADDRESS | |
| CITY-ST-ZIP | WINTER HAVEN FL 33880 | 54 CITY-ST-ZIP | |
| TITLE | D | 61 TITLE | ☐ Change ☐ Addition |
| NAME | JOHNSON, JAMES A | 62 NAME | |
| STREET ADDRESS | 290 FIRST STREET, SOUTH | 63 STREET ADDRESS | |
| CITY-ST-ZIP | WINTER HAVEN FL 33880 | 64 CITY-ST-ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** Joyce Phillips JOYCE PHILLIPS 3-17-95 813-259-4870
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR — Date — Daytime Phone #

000004