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Apr 30 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N36581** (9)
1. Corporation Name
FALCON CREST PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business Mailing Address
920 FALCON CREST DRIVE **920 FALCON CREST DRIVE**
WINTER HAVEN FL 33880 **WINTER HAVEN FL 33880**

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified 02/02/1990	
4. FEI Number 59-3126189	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	HANSEL, KATHY
STREET ADDRESS	925 FALCON CREST DR
CITY-ST-ZIP	WINTER HAVEN FL
TITLE	VD <input checked="" type="checkbox"/> DELETE
NAME	PHILLIPS, JOHN
STREET ADDRESS	920 FALCON CREST DR
CITY-ST-ZIP	WINTER HAVEN FL
TITLE	STD <input checked="" type="checkbox"/> DELETE
NAME	PHILLIPS, JOYCE
STREET ADDRESS	920 FALCON CREST DRIVE
CITY-ST-ZIP	WINTER HAVEN FL 33880
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	GERSTMAN, EVELYN
STREET ADDRESS	918 FALCON CREST DRIVE
CITY-ST-ZIP	WINTER HAVEN FL 33880
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	PHILLIPS, JOHN
STREET ADDRESS	920 FALCON CREST DRIVE
CITY-ST-ZIP	WINTER HAVEN FL 33880
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	JOHNSON, JAMES A
STREET ADDRESS	290 FIRST STREET, SOUTH
CITY-ST-ZIP	WINTER HAVEN FL 33880

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	P.D. WAYNE SMULL
1.3 STREET ADDRESS	906 Falcon Crest Dr.
1.4 CITY-ST-ZIP	WINTER HAVEN, FL 33880
2.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	VD Roxanne Dudnick
2.3 STREET ADDRESS	935 Falcon Crest Dr.
2.4 CITY-ST-ZIP	WINTER HAVEN, FL 33880
3.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	TD Joyce Phillips
3.3 STREET ADDRESS	920 Falcon Crest Dr
3.4 CITY-ST-ZIP	WINTER HAVEN, FL 33880
4.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	D Juan Salazar
4.3 STREET ADDRESS	410 Falcon Crest Dr.
4.4 CITY-ST-ZIP	WINTER HAVEN, FL 33880
5.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	D Alfonso Caudillo
5.3 STREET ADDRESS	909 Falcon Crest Dr
5.4 CITY-ST-ZIP	WINTER HAVEN, FL 33880
6.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	S Angela Smull
6.3 STREET ADDRESS	906 Falcon Crest Dr.
6.4 CITY-ST-ZIP	WINTER HAVEN, FL 33880

14. 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 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** 4-24-98 941-293-7592

CR2E037 (10/97)