

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N36581**

1. Corporation Name

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

Principal Place of Business

920 FALCON CREST DRIVE  
WINTER HAVEN FL 33880

Mailing Address

920 FALCON CREST DRIVE  
WINTER HAVEN FL 33880

**FILED**  
**Apr 26, 1999 8:00 am**  
**Secretary of State**

04-26-1999 90055 014 \*\*\*\*61.25

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2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

02/02/1990

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

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 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME SMULL, WAYNE  
STREET ADDRESS 906 FALCON CREST DR  
CITY-ST-ZIP WINTER HAVEN FL 33880

TITLE VD ☒ DELETE

NAME DUDNICK, ROXANNE  
STREET ADDRESS 935 FALCON CREST DR  
CITY-ST-ZIP WINTER HAVEN FL 33880

TITLE TD ☐ DELETE

NAME PHILLIPS, JOYCE  
STREET ADDRESS 920 FALCON CREST DR  
CITY-ST-ZIP WINTER HAVEN FL 33880

TITLE D ☐ DELETE

NAME SALAZAR, JUAN  
STREET ADDRESS 910 FALCON CREST DR  
CITY-ST-ZIP WINTER HAVEN FL 33880

TITLE D ☐ DELETE

NAME CAUDILLO, ALFONSO  
STREET ADDRESS 909 FALCON CREST DR  
CITY-ST-ZIP WINTER HAVEN FL 33880

TITLE S ☐ DELETE

NAME SMULL, ANGELA  
STREET ADDRESS 906 FALCON CREST DR  
CITY-ST-ZIP WINTER HAVEN FL 33880

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

*Joyce Phillips*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-99

941-293-7592  
Date Daytime Phone #

CR2E037-11/98