

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001937

FILED
Mar 23, 2009
Secretary of State

Entity Name: FALCON TRACE ASSOCIATION, INC.

Current Principal Place of Business:

899 WOODBRIDGE DR
VENICE, FL 34293 US

New Principal Place of Business:

Current Mailing Address:

899 WOODBRIDGE DR
VENICE, FL 34293 US

New Mailing Address:

FEI Number: 65-0579776

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ADVANCED MGMT INC
JESSICA DOUGLASS
899 WOODBRIDGE DR
VENICE, FL 34293 US

Name and Address of New Registered Agent:

ADVANCED MANAGEMENT OF SW FLA
899 WOODBRIDGE DR
VENICE, FL 34293 US

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: DOUGLAS E. WILSON

03/23/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VPD () Delete
Name: BUDNY, TOM
Address: 899 WOODBRIDGE DR.
City-St-Zip: VENICE, FL 34293

Title: PD () Delete
Name: DELANEY, NANCY
Address: 899 WOODBRIDGE DR
City-St-Zip: VENICE, FL 34293

Title: TD () Delete
Name: KAMPE, ROBERT
Address: 899 WOODBRIDGE DR
City-St-Zip: VENICE, FL 34293

Title: SD () Delete
Name: HENTHORN, LARRY
Address: 399 WOODBRIDGE DRIVE
City-St-Zip: VENICE, FL 34293

Title: D () Delete
Name: ARPIN, RON
Address: 399 WOODBRIDGE DR
City-St-Zip: VENICE, FL 34293

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: PD (X) Change () Addition
Name: ARPIN, RONALD
Address: 899 WOODBRIDGE DR
City-St-Zip: VENICE, FL 34293

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

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

Title: D (X) Change () Addition
Name: ACKERLY, JOHN
Address: 399 WOODBRIDGE DR
City-St-Zip: VENICE, FL 34293

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: ROBERT KAMPE

TD

03/23/2009

Electronic Signature of Signing Officer or Director

Date