

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001937

FILED  
Mar 21, 2012  
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 MANAGEMENT OF SW FLA  
899 WOODBRIDGE DR  
VENICE, FL 34293 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: SCOTT, ROBIN  
Address: 899 WOODBRIDGE DR.  
City-St-Zip: VENICE, FL 34293

Title: VPD  
Name: JACOBI, JOHN  
Address: 899 WOODBRIDGE DR  
City-St-Zip: VENICE, FL 34293

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

Title: SD  
Name: YARNELL, CAROLYN  
Address: 399 WOODBRIDGE DRIVE  
City-St-Zip: VENICE, FL 34293

Title: D  
Name: DELANEY, NANCY  
Address: 399 WOODBRIDGE DR  
City-St-Zip: VENICE, FL 34293

I hereby 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 all other like empowered.

SIGNATURE: ROBERT KAMPE

TD

03/21/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date