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May 19 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # N94000002176 (5)

1. Corporation Name
FALCONS GLEN HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

950 N. COLLIER BLVD.
#205
MARCO ISLAND FL 33937

P.O. BOX 8980
NAPLES FL 34101
US

3. Date Incorporated or Qualified

05/02/1994

4. FEI Number

65-0490989

Applied For
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 4600 Enterprise Ave

26 4600 Enterprise Ave

22 Suite, Apt. #, etc.
Ste. A

27 Suite, Apt. #, etc.
Ste. A

23 City & State
Naples FL

28 City & State
Naples FL

24 Zip 34104 25 Country USA

29 Zip 34104 30 Country USA

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. Is this nonprofit corporation a homeowners association? Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BOFF, JOSEPH D.
950 N. COLLIER BLVD
308
MARCO ISLAND FL 33937

81 Name
Wright, Russell J.
82 Street Address (P.O. Box Number is Not Acceptable)
4600 Enterprise Avenue
83 Suite A
84 City
Naples FL 85 Zip Code
34104

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 617.0507, Florida Statutes.

SIGNATURE

Russell Wright

5-1-98

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE
NAME DP
BOFF, JOSEPH D
STREET ADDRESS 950 N. COLLIER BLVD #308
CITY-ST-ZIP MARCO ISLAND FL

1.1 TITLE Change Addition
1.2 NAME D
Boff, Joseph
1.3 STREET ADDRESS 950 N. Collier Blvd. #308
1.4 CITY-ST-ZIP Marco Island, FL

TITLE DELETE
NAME DVS
VANDERLAAN, ART
STREET ADDRESS 950 N. COLLIER BLVD #308
CITY-ST-ZIP MARCO ISLAND FL

2.1 TITLE Change Addition
2.2 NAME P
Wayne McLellan
2.3 STREET ADDRESS 8003 Belmont Court #128
2.4 CITY-ST-ZIP Naples, FL 34113

TITLE DELETE
NAME DT
VIVANO, VITO
STREET ADDRESS 950 N. COLLIER BLVD. #308
CITY-ST-ZIP MARCO ISLAND FL

3.1 TITLE TSD
Vernon Foege
3.2 NAME
7149 Falcons Glen Blvd. #144
3.3 STREET ADDRESS
Naples, FL 34113
3.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
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.

SIGNATURE:

Joseph Boff

5-1-98

424-10100

CR2E037 (10/97)