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Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90130 016 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000002176

1. Corporation Name
FALCONS GLEN HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business 4600 ENTERPRISE AVE STE A NAPLES FL 34104 US	Mailing Address 4600 ENTERPRISE AVE STE A NAPLES FL 34104 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 05/02/1994
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0490989
City & State 23	City & State 28	Applied For - - Not Applicable
Zip 24	Country 25	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

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
WRIGHT, RUSSELL J 4600 ENTERPRISE AVENUE, STE A NAPLES FL 34104		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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	Bob Beal PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOFF, JOSEPH	1.2 NAME	8008 Preakness Ct. #137
STREET ADDRESS	950 N COLLIER BLVD, #308	1.3 STREET ADDRESS	NAPLES, FL 34113
CITY-ST-ZIP	MARCO ISLAND FL	1.4 CITY-ST-ZIP	
TITLE	P <input checked="" type="checkbox"/> DELETE	2.1 TITLE	Norman Planer JPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCLELLAN, WAYNE	2.2 NAME	7067 Falcons Glen Blvd #110
STREET ADDRESS	8003 BELMONT CT, #128	2.3 STREET ADDRESS	NAPLES, FL 34113
CITY-ST-ZIP	NAPLES FL 34113	2.4 CITY-ST-ZIP	
TITLE	TSD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	Margaret Kienten <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOEGE, VERNON	3.2 NAME	7052 Falcons Glen Blvd #212
STREET ADDRESS	7149 FALCONS GLEN BLVD, #144	3.3 STREET ADDRESS	NAPLES, FL 34113
CITY-ST-ZIP	NAPLES FL 34113	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: Wright **SIGNATURE REQUIRED** 3-22-99
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037-11/98