

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 13 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

**DOCUMENT # N94000002815 (8)**  
1. Corporation Name  
**FALCON RIDGE NEIGHBORHOOD ASSOCIATION, INC.**



Principal Place of Business <b>2124 LA PAZ COURT NAPLES FL 34109</b>	Mailing Address <b>2124 LA PAZ COURT NAPLES FL 34109</b>
---	---

3. Date Incorporated or Qualified <b>06/06/1994</b>	
4. FEI Number <b>65-0576901</b>	Applied For <input type="checkbox"/> Not Applicable

21. Principal Place of Business <b>27 HERITAGE WAY</b>	2a. Mailing Address <b>P.O. Box 420207</b>		
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.		
23. City & State <b>NAPLES FLORIDA</b>	26. City & State <b>NAPLES FLORIDA</b>		
24. Zip <b>34110</b>	25. Country <b>USA</b>	28. Zip <b>34110</b>	30. Country <b>USA</b>

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**PAULICH, JOHN R  
2150-0000LETTIE RD. 801 ANCHOR ROAD DR. #203  
6TH FLOOR  
NAPLES FL 34102 34103-2741**

10. Name and Address of New Registered Agent

81. Name <del>PAULICH, JOHN R</del>	
82. Street Address (P.O. Box Number is Not Acceptable) <del>2150-0000LETTIE RD. 801 ANCHOR ROAD DR. #203</del>	
83. City <del>NAPLES</del>	
84. City <b>NAPLES</b>	85. Zip Code <b>34109</b>

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, 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: John R. Paulich (NOTE: Registered Agent signature required when reinstalling) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE <b>D</b>	NAME <b>RYAN, GEORGE SR.</b>	STREET ADDRESS <b>5555 HERON POINT RD.</b>	CITY-ST-ZIP <b>NAPLES FL 33942</b>	<input checked="" type="checkbox"/> DELETE
TITLE <b>D</b>	NAME <b>RYAN, GEORGE JR.</b>	STREET ADDRESS <b>283 N. LAKE DR.</b>	CITY-ST-ZIP <b>NAPLES FL 33942</b>	<input checked="" type="checkbox"/> DELETE
TITLE <b>D</b>	NAME <b>TENNENT, SR., ANDREW</b>	STREET ADDRESS <b>24 HERITAGE WAY</b>	CITY-ST-ZIP <b>NAPLES FL 34110</b>	<input checked="" type="checkbox"/> DELETE
TITLE <b>VP</b>	NAME <b>PARADIS, JAMES F</b>	STREET ADDRESS <b>2124 LA PAZ COURT</b>	CITY-ST-ZIP <b>NAPLES FL 34109</b>	<input checked="" type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE <b>D</b>	NAME <b>DIRECTOR, President</b>	STREET ADDRESS <b>ROBIN KERES</b>	CITY-ST-ZIP <b>26 HERITAGE WAY NAPLES, FL. 34109</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE <b>D</b>	NAME <b>DIRECTOR, Secretary/Treasurer</b>	STREET ADDRESS <b>CAROL HADIK</b>	CITY-ST-ZIP <b>53 HERITAGE WAY NAPLES, FL 34110</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE <b>D</b>	NAME <b>AUDREY JOYCE</b>	STREET ADDRESS <b>Director</b>	CITY-ST-ZIP <b>28 HERITAGE WAY NAPLES, FL. 34110</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.1 TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: John R. Paulich 2/26/98 (941) 566 3815

CR2E037 (10/97)