FILED 2002 UNIFORM BUSINESS REPORT (UBR) Jul 11, 2002 8:00 am Secretary of State DOCUMENT # N94000002815 1. Entity Name 07-11-2002 90240 008 ****61.25 FALCON RIDGE NEIGHBORHOOD ASSOCIATION, INC. Principal Place of Business Mailing Address 42 HERITAGE WAY P. O. BOX 110207 NAPLES FL 34108 NAPLES FL 34110 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 65-0576901 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent-Street Address (P.O. Box Number is Not Acceptable) **BURKE, PETER** 42 HERITAGE WAY NAPLES FL 34110 City Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to After September 13, 2002, \$5.00 May Be min. will be \$236.25. Trust Fund Contribution. Added to Fees Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. ĐΡ ☐ Change Addition TITLE ☐ Delete TITLE **BURKE, PETER** NAME NAME STREET ADDRESS STREET ADDRESS 42 HERITAGE WAY CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34110 ☐ Change Addition TITLE Delete TITLE HOESSLER, JUDITH NAME NAME STREET ADDRESS **40 HERITAGE WAY** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34110 TITLE Delete TITLE Change ☐ Addition ALLEN, CHERYL NAME NAME STREET ADDRESS **49 HERITAGE WAY** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34110 Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition □ Delete TITLE TITLE

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

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7-8-02