

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 24, 2008
Secretary of State**

DOCUMENT# N94000002815

Entity Name: FALCON RIDGE NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business:

42 HERITAGE WAY
NAPLES, FL 34110 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 110207
NAPLES, FL 34108 US

New Mailing Address:

FEI Number: 65-0576901 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BURKE, PETER
42 HERITAGE WAY
NAPLES, FL 34110 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: DP () Delete
Name: BURKE, PETER
Address: 42 HERITAGE WAY
City-St-Zip: NAPLES, FL 34110

Title: DVP () Delete
Name: YOUNG, BRAD
Address: 17 HERITAGE WAY
City-St-Zip: NAPLES, FL 34110

Title: GST () Delete
Name: RAWLES, THOMAS E JR
Address: 55 HERITAGE WAY
City-St-Zip: NAPLES, FL 34110

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: THOMAS E RAWLS, JR

ST

02/24/2008

Electronic Signature of Signing Officer or Director

_____ Date