2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2009
Secretary of State

DOCUMENT# N97000004074

Entity Name: FALCON TRACE PROPERTY OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

14344 MANDOLIN DR
ORLANDO, FL 32837 US

New Principal Place of Business:

Current Mailing Address:

14344 MANDOLIN DR
ORLANDO, FL 32837 US

New Mailing Address:

1101 MIRANDA LANE
SUITE #131
KISSIMMEE, FL 34741 US

FEI Number: 65-0822548 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WEBB, WILLIAM C
14344 MANDOLIN DR
450
ORLANDO, FL 32837 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: P ( ) Delete
Name: ADAMS, BARBARA
Address: 2042 DERBY GLEN DRIVE
City-St-Zip: ORLANDO, FL 32837

Title: VP ( ) Delete
Name: BARON, SUE
Address: 1759 NESTLEWOOD TRAIL
City-St-Zip: ORLANDO, FL 32837

Title: TD ( ) Delete
Name: ALVAREZ, JOSE
Address: 2031 DERBY GLEN DRIVE
City-St-Zip: ORLANDO, FL 32837

Title: SD ( ) Delete
Name: BERRIOS, RON
Address: 1314 OSPREY COVE COURT
City-St-Zip: ORLANDO, FL 32837

Title: D ( ) Delete
Name: HATCHER, JEFF
Address: 1851 SOARING HEIGHTS CIRCLE
City-St-Zip: ORLANDO, FL 32837

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: ADAMS, BARBARA
Address: 2042 DERBY GLEN DRIVE
City-St-Zip: ORLANDO, FL 32837

Title: VPD (X) Change ( ) Addition
Name: BARON, SUE
Address: 1759 NESTLEWOOD TRAIL
City-St-Zip: ORLANDO, FL 32837

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: WILLIAM C. WEBB RA 04/23/2009

Electronic Signature of Signing Officer or Director — Date