

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000945

FILED  
Jan 05, 2011  
Secretary of State

**Entity Name:** FALCON POINTE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

4005 SHADOWIND WAY  
GOTHA, FL 34734 US

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 398  
GOTHA, FL 347340735 US

**New Mailing Address:**

**FEI Number:** 59-3502526

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BARROW, BOB P  
4005 SHADOWIND WAY  
GOTHA, FL 34734 US

**Name and Address of New Registered Agent:**

BARROW, BOB  
4005 SHADOWIND WAY  
GOTHA, FL 34734 US

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: BOB BARROW

01/05/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: BARROW, BOB  
Address: 4005 SHADOWIND WAY  
City-St-Zip: GOTHA, FL 34734 US

Title: D  
Name: RIVERA, STEVE  
Address: 3928 SHADOWIND WAY  
City-St-Zip: GOTHA, FL 34734 US

Title: D  
Name: DUNKLEY, PAULINE  
Address: 1613 SHONNORA DRIVE  
City-St-Zip: GOTHA, FL 34734 US

Title: D  
Name: MCALLISTER, MARK  
Address: 3980 SHADOWIND WAY  
City-St-Zip: GOTHA, FL 34734 US

Title: D  
Name: MIRANDA, TONY  
Address: 4011 SHADOWIND WAY  
City-St-Zip: GOTHA, FL 34734 US

I hereby 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 all other like empowered.

SIGNATURE: BOB BARROW

PD

01/05/2011

Electronic Signature of Signing Officer or Director

Date