

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 06, 2005
Secretary of State**

DOCUMENT# N99000001728

Entity Name: FAULKNER SUBDIVISION ASSOCIATION, INC.

Current Principal Place of Business:

2758 KENNEDY DR.
VENICE, FL 34292

New Principal Place of Business:

Current Mailing Address:

2758 KENNEDY DR.
VENICE, FL 34292

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOORE, ROBERT L
227 NOKOMIS AVE., SOUTH
VENICE, FL 34285 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: PD () Delete
Name: FAULKNER, KEVIN
Address: 2758 KENNEDY DR.
City-St-Zip: VENICE, FL 34292

Title: STD () Delete
Name: FAULKNER, CRAIG
Address: 385 BAILEY ROAD
City-St-Zip: VENICE, FL 34292

Title: VD () Delete
Name: FAULKNER, HANSEL
Address: 385 BAILEY ROAD
City-St-Zip: VENICE, FL 34292

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 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 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: KEVIN FAULKNER

PD

01/06/2005

Electronic Signature of Signing Officer or Director

_____ Date