

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90232 013 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P98000061253 ✓

1. Corporation Name

Falcon Golf Management, Inc.

537395 - 90232 - 13

Principal Place of Business

Mailing Address

~~415 Leonard Blvd.~~

~~415 Leonard Blvd.~~

~~Lehigh Acres, FL 33971~~

~~Lehigh Acres, FL 33971~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/10/98

2. Principal Place of Business

21 350 Homestead South

2a. Mailing Address

26 350 Homestead South

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

23 Lehigh Acres, FL

City & State

28 Lehigh Acres, FL

Zip

24 33936

Country

25 US

Zip

29 33936

Country

30 US

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~Carol F. Butler~~

~~Humphrey & Knott, P.A.~~

~~1625 Hendry Street, Suite 301~~

~~Fort Myers, FL 33901 US~~

81 Name

George Hedlund

82 Street Address (P.O. Box Number is Not Acceptable)

350 Homestead South

83

84 City

Lehigh Acres

FL

85 Zip Code

33936

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-26-99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE

NAME Hedlund, George

STREET ADDRESS 415 Leonard Blvd.

CITY-ST-ZIP Lehigh Acres, FL 33971

TITLE D ☒ DELETE

NAME Vale, Sonny

STREET ADDRESS 415 Leonard Blvd.

CITY-ST-ZIP Lehigh Acres, FL 33971

TITLE D ☒ DELETE

NAME Gonzalez, Julio

STREET ADDRESS 415 Leonard Blvd.

CITY-ST-ZIP Lehigh Acres, FL 33971

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

D ☒ Change ☐ Addition

1.2 NAME

Hedlund, George

1.3 STREET ADDRESS

350 Homestead South

1.4 CITY-ST-ZIP

Lehigh Acres, FL 33936

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

4-26-99