

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N94000002176

**Entity Name:** FALCONS GLEN HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

6704 LONE OAK BLVD  
NAPLES, FL 34109

**Current Mailing Address:**

6704 LONE OAK BLVD  
NAPLES, FL 34109 US

**FEI Number: 65-0490989**

**Certificate of Status Desired: No**

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

GUARDIAN PROPERTY MANAGEMENT  
6704 LONE OAK BLVD  
NAPLES, FL 34109 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            SCHMIDT, PETER  
Address        7040 FALCONS GLEN BLVD  
City-State-Zip: NAPLES FL 34113

Title            SECRETARY  
Name            DAILEY, STEPHEN  
Address        7128 FALCONS GLEN BLVD  
City-State-Zip: NAPLES FL 34113

Title            VICE PRESIDENT, TREASURER  
Name            FITZWATER, RONALD  
Address        8036 BELMONT CT  
City-State-Zip: NAPLES FL 34113

*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: PETER SCHMIDT**

**PRESIDENT**

**02/25/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date