

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N9400002176

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

**Current Principal Place of Business:**

RESORT MANAGEMENT  
2685 HORSESHOE DR S STE 215  
NAPLES, FL 34104

**Current Mailing Address:**

RESORT MANAGEMENT  
2685 HORSESHOE DR S STE 215  
NAPLES, FL 34104 US

**FEI Number:** 65-0490989

**Certificate of Status Desired:** No

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

GOEDE, ADAMCZYK, DEBOEST, CROSS  
8950 FONTANA DEL SOL WAY  
STE 100  
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:** JOHN GOEDE

01/30/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            GOMES, KEVIN  
Address        RESORT MANAGEMENT  
                  2685 HORSESHOE DR S STE 215  
City-State-Zip: NAPLES FL 34104

Title            TREASURER  
Name            GOMES, KEVIN  
Address        RESORT MANAGEMENT  
                  2685 HORSESHOE DR S STE 215  
City-State-Zip: NAPLES FL 34104

Title            VICE PRESIDENT  
Name            HUGEBACK, GAYLA  
Address        RESORT MANAGEMENT  
                  2685 HORSESHOE DR S STE 215  
City-State-Zip: NAPLES FL 34104

Title            SECRETARY  
Name            DROZDOWSKI, ROMAN  
Address        RESORT MANAGEMENT  
                  2685 HORSESHOE DR S STE 215  
City-State-Zip: NAPLES FL 34104

*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:** KEVIN GOMES

PRESIDENT

01/30/2024

Electronic Signature of Signing Officer/Director Detail

Date