

2021 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

01/27/2021

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

01/27/2021

Electronic Signature of Signing Officer/Director Detail

Date