

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41842

FILED
Feb 24, 2020
Secretary of State
9534417203CC

Entity Name: FALLING WATERS MASTER ASSOCIATION, INC.

Current Principal Place of Business:

CAMBRIDGE PROPERTY MGMT
9001 HIGHLAND WOODS BLVD SUITE 7
BONITA SPRINGS, FL 34135

Current Mailing Address:

CAMBRIDGE PROPERTY MGMT
9001 HIGHLAND WOODS BLVD SUITE 7
BONITA SPRINGS, FL 34135 US

FEI Number: 65-0318043

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CAMBRIDGE PROPERTY MANAGEMENT
CAMBRIDGE PROPERTY MGMT
9001 HIGHLAND WOODS BLVD SUITE 7
BONITA SPRINGS, FL 34135 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: JANICE SCHIENKE

02/24/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name SCHIENKE, JANICE
Address CAMBRIDGE PROPERTY MGMT
 9001 HIGHLAND WOODS BLVD SUITE
 7
City-State-Zip: BONITA SPRINGS FL 34135

Title VP
Name HOLCOMB, IRWIN JW
Address CAMBRIDGE PROPERTY MGMT
 9001 HIGHLAND WOODS BLVD SUITE
 7
City-State-Zip: BONITA SPRINGS FL 34135

Title SECRETARY
Name GOETZKE, MICHELLE
Address CAMBRIDGE PROPERTY MGMT
 9001 HIGHLAND WOODS BLVD SUITE
 7
City-State-Zip: BONITA SPRINGS FL 34135

Title TREASURER
Name DIFABIO, RON
Address CAMBRIDGE PROPERTY MGMT
 9001 HIGHLAND WOODS BLVD SUITE
 7
City-State-Zip: BONITA SPRINGS FL 34135

Title DIRECTOR
Name AFFLECK, DENNIS
Address CAMBRIDGE PROPERTY MGMT
 9001 HIGHLAND WOODS BLVD SUITE
 7
City-State-Zip: BONITA SPRINGS FL 34135

Title DIRECTOR
Name OTT, GEORGE
Address CAMBRIDGE PROPERTY MGMT
 9001 HIGHLAND WOODS BLVD SUITE
 7
City-State-Zip: BONITA SPRINGS FL 34135

Title DIRECTOR
Name BOYLE, TIM
Address CAMBRIDGE PROPERTY MGMT
 9001 HIGHLAND WOODS BLVD SUITE
 7
City-State-Zip: BONITA SPRINGS FL 34135

Title DIRECTOR
Name BELL, BARBARA
Address CAMBRIDGE PROPERTY MGMT
 9001 HIGHLAND WOODS BLVD SUITE
 7
City-State-Zip: BONITA SPRINGS FL 34135

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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: JANICE SCHIENKE

PRESIDENT

02/24/2020

Officer/Director Detail Continued :

Title DIRECTOR
Name CARTER, RICHARD
Address CAMBRIDGE PROPERTY MGMT
 9001 HIGHLAND WOODS BLVD SUITE 7
City-State-Zip: BONITA SPRINGS FL 34135