

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N95000005876

**FILED**  
**Feb 06, 2014**  
**Secretary of State**  
**CC8512850237**

**Entity Name:** THE FALLS @ SHERIDAN COMMUNITY ASSOCIATION, INC.

**Current Principal Place of Business:**

675 LINVILLE FALLS DRIVE  
W MELBOURNE, FL 32904

**Current Mailing Address:**

P O BOX 120118  
W MELBOURNE, FL 32912 US

**FEI Number: 59-3348572**

**Certificate of Status Desired: No**

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

BOHNE, KARL WJR. ESQ  
1311 BEDFORD DR.  
MELBOURNE, FL 32940 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 P  
Name SMITH, BENJAMIN  
Address 847 POTOMAC DRIVE  
City-State-Zip: W MELBOURNE FL 32904

Title VP  
Name POPOVICH, MILAN  
Address 901 CUMBERLAND PLACE  
City-State-Zip: W MELBOURNE FL 32904

Title TD  
Name WRIGHT, KATHY  
Address 675 LINVILLE FALLS DR.  
City-State-Zip: W MELBOURNE FL 32904

Title SECRETARY  
Name PARIVASH, JAMNIA  
Address 827 POTOMAC DR.  
City-State-Zip: W MELBOURNE FL 32904

Title D  
Name BROTHERTON, BARBARA  
Address 692 LINVILLE FALLS DRIVE  
City-State-Zip: W MELBOURNE FL 32904

Title DIRECTOR  
Name HANNER, MICHAEL  
Address 722 FALLS CREEK DRIVE  
City-State-Zip: W MELBOURNE FL 32904

*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: BENJAMIN SMITH**

**PD**

**02/06/2014**

Electronic Signature of Signing Officer/Director Detail

Date