

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 761851 (5)
1. Corporation Name
FALLS TOWNHOUSES HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
12889 SW 91 CT MIAMI FL 33176 **12889 SW 91 CT MIAMI FL 33176**

3. Date Incorporated or Qualified **03/11/1982** 3a. Date of Last Report **05/01/1995**
4. FEI Number **59-2368081** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 24 Country 25 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent
~~SCOTT, GARTH
9192 SW 128TH LANE
MIAMI FL 33176~~

10. Name and Address of New Registered Agent
81 Name **Boris Djokic**
82 Street Address (P.O. Box Number is Not Acceptable) **9188 SW 128 Lane**
83 **Miami, FL 33176**
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *[Signature]* DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	SCOTT, GARTH	
STREET ADDRESS	9192 SW 128TH LANE	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	GONZALEZ, OMAR	
STREET ADDRESS	12806 SW 91ST CT	
CITY-ST-ZIP	MIAMI FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	MAGNACCA, JORGE	
STREET ADDRESS	9190 SW 128TH LANE	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LEVITATS, MARK	
STREET ADDRESS	12812 SW 91ST CT.	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MARSHALL, CHRISTINE	
STREET ADDRESS	12815 SW 91ST CT	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SCOTT, GARTH	
STREET ADDRESS	9192 SW 128TH LANE	
CITY-ST-ZIP	MIAMI FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Boris Djokic	
1.3 STREET ADDRESS	9188 SW 128 Lane	
1.4 CITY-ST-ZIP	Miami, FL 33176	
2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Evelio Rosell	
2.3 STREET ADDRESS	18361 SW 82 Ave	
2.4 CITY-ST-ZIP	Miami, FL 33157	
3.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Spaci Sanford	
3.3 STREET ADDRESS	10809 SW 91 ct.	
3.4 CITY-ST-ZIP	Miami, FL 33176	
4.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Jaime Canfield	
4.3 STREET ADDRESS	12808 SW 91 ct.	
4.4 CITY-ST-ZIP	Miami, FL 33176	
5.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Bob Vezierski	
5.3 STREET ADDRESS	9195 SW 128 Lane	
5.4 CITY-ST-ZIP	Miami, FL 33176	
6.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Rebecca Gonzalez	
6.3 STREET ADDRESS	12806 SW 91 ct.	
6.4 CITY-ST-ZIP	Miami, FL 33176	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* DATE **2/20/1996** DAYTIME PHONE # **365-243-5790**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (12/95)

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FEI #
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D
Pam Earl Parker
12812 SW 91 ct.
Miami, Fl 33176

D
Stephen Ringer
12805 SW 91 ct.
Miami, Fl 33176

D
Diane Erace
12893 SW 91 ct.
Miami, Fl 33176