

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2001 8:00 am
Secretary of State

02-20-2001 90007 013 ****61.25

DOCUMENT # 761851

1. Entity Name

FALLS TOWNHOUSES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

12889 SW 91 CT
 MIAMI FL 33176

Mailing Address

12889 SW 91 CT
 MIAMI FL 33176

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2368081

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SANFORD, STACI
12809 SW 91 CT.
MIAMI FL 33176

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Staci Sanford

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12-11-00

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	EARL-PARKER, PAM	
STREET ADDRESS	12812 SW 91ST CT.	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ROSELL, EVELIO	
STREET ADDRESS	18361 SW 82ND AVE	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SANFORD, STACI	
STREET ADDRESS	12809 SW 91 CT	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CANFIELD, ROBIN	
STREET ADDRESS	12808 SW 91 CT	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	D	<input type="checkbox"/> Delete
NAME	MAYERS, TODD	
STREET ADDRESS	12805 SW 91 CT	
CITY-ST-ZIP	MIAMI FL 33-176	
TITLE	D	<input type="checkbox"/> Delete
NAME	WHIOR, BOB	
STREET ADDRESS	9180 SW 128 LANE	
CITY-ST-ZIP	MIAMI FL 33176	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bob Lunion	
STREET ADDRESS	9180 SW 128 Lane	
CITY-ST-ZIP	miami, FL 33176	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-11-00

Date

305-382-9237

Daytime Phone #

CR2E037 (10/00)

Attachment
921588
261851

Falls Townhouses
59-2368081
Additional Directors

TD
Willis, Linda
9178 SW 128 Lane
Miami, FI 33176

D
Kroliekiwicz, Deborah
12811 SW 91 Court
Miami, FI 33176

D
Marlene Adams
12814 SW 91 Court
Miami, FI 33176

D
David Moed
9188 SW 128 Lane
Miami, FI 33176

D
Roberta Shulman-Green
9195 SW 128 Lane
Miami, FI 33176