

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

0027078

DOCUMENT # 761851

1. Entity Name

FALLS TOWNHOUSES HOMEOWNERS ASSOCIATION, INC.

04-02-2002 90040 025 ****61.25

Principal Place of Business

Mailing Address

12889 SW 91 CT
 MIAMI FL 33176

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

Zip

Country

Zip

Country

4. FEI Number

59-2368081

Applied For

Not Applicable

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: **Bob Lunior**
 Street Address (P.O. Box Number is Not Acceptable):
9180 SW 128 Lane
MIAMI, FL 33176
 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: *Bob Lunior*

DATE: *3/23/02*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 NAME | D EARL-PARKER, PAM | <input type="checkbox"/> Delete |
| STREET ADDRESS | 12812 SW 91ST CT. | |
| CITY-ST-ZIP | MIAMI FL 33176 | |
| TITLE NAME | VD ROSELL, EVELIO | <input type="checkbox"/> Delete |
| STREET ADDRESS | 18361 SW 82ND AVE | |
| CITY-ST-ZIP | MIAMI, FL 33176 | |
| TITLE NAME | PD SANFORD, STACI | <input type="checkbox"/> Delete |
| STREET ADDRESS | 12809 SW 91 CT | |
| CITY-ST-ZIP | MIAMI FL 33176 | |
| TITLE NAME | D MAYERS, TODD | <input checked="" type="checkbox"/> Delete |
| STREET ADDRESS | 12805 SW 91 CT | |
| CITY-ST-ZIP | MIAMI FL 33-176 | |
| TITLE NAME | D LUNIOR, BOB | <input type="checkbox"/> Delete |
| STREET ADDRESS | 9180 SW 128 LANE | |
| CITY-ST-ZIP | MIAMI FL 33176 | |
| TITLE NAME | D <i>Shulman-Green, Roberta</i> | <input type="checkbox"/> Delete |
| STREET ADDRESS | <i>9195 SW 128 Lane</i> | |
| CITY-ST-ZIP | <i>MIAMI, FL 33176</i> | |

| | | |
|----------------|------------------------------------|--|
| TITLE NAME | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE NAME | VD Rosell, Evelio | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | 12807 SW 91 ct. | |
| CITY-ST-ZIP | MIAMI, FL 33176 | |
| TITLE NAME | D Sanford, Staci | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | 12809 SW 91 ct. | |
| CITY-ST-ZIP | MIAMI, FL 33176 | |
| TITLE NAME | D maed, David | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | 9188 SW 128 lane | |
| CITY-ST-ZIP | MIAMI, FL 33176 | |
| TITLE NAME | PD Lunior, Bob | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | 9180 SW 128 lane | |
| CITY-ST-ZIP | MIAMI, FL 33176 | |
| TITLE NAME | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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: *Bob Lunior, president*

DATE: *3/23/02*

DAYTIME PHONE #: *305969-9449*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)