


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 22, 2007 8:00 am
Secretary of State

05-22-2007 90014 049 ****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 - No P.O. Box # | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |



1st MOORE CR2E037 (10/06)

| | | | |
|--|--|---|--|
| 4. FEI Number 59-2368081 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent LUNIOR, BOB 9180 SW 128 LANE MIAMI FL 33176 | | 7. Name and Address of New Registered Agent Name: <u>Evelio Rosell</u> Street Address (P.O. Box Number is Not Acceptable): 12807 SW 91 CT <u>12807 SW 91 CT</u> City: <u>Miami</u> FL Zip Code: <u>33176</u> | |
| 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <u>[Signature]</u> DATE: <u>3/19/07</u> <small>(NOTE: Registered Agent signature required when reinstating)</small> | | | |

| | | | |
|--|--|-----------------------------|---|
| FILE NOW: FEE IS \$61.25 Due By May 1, 2007 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees | Make Check Payable to Florida Department of State |
|--|--|-----------------------------|---|

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---------------------------------|--|--|
| TITLE: D NAME: EARL-PARKER, PAM STREET ADDRESS: 12812 SW 91ST CT. CITY-ST-ZIP: MIAMI FL 33176 | <input type="checkbox"/> Delete | TITLE: D NAME: <u>Debbie Krolitkie wicz</u> STREET ADDRESS: <u>12811 SW 91 CT.</u> CITY-ST-ZIP: <u>Miami, FL 33176</u> | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE: VD NAME: ROSELL, EVELIO STREET ADDRESS: 12807 SW 91 COURT CITY-ST-ZIP: MIAMI FL 33176 | <input type="checkbox"/> Delete | TITLE: <u>President - PD</u> NAME: <u>Rosell, Evelio</u> STREET ADDRESS: <u>12807 SW 91 CT.</u> CITY-ST-ZIP: <u>Miami, FL 33176</u> | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: D NAME: MYERS, DIANE STREET ADDRESS: 12818 SW 91 CT. CITY-ST-ZIP: MIAMI FL 33176 | <input type="checkbox"/> Delete | TITLE: D NAME: <u>John Hopkins</u> STREET ADDRESS: <u>9192 SW 128 Lane</u> CITY-ST-ZIP: <u>Miami, FL 33176</u> | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE: PD NAME: LUNIOR, BOB STREET ADDRESS: 9180 SW 128 LANE CITY-ST-ZIP: MIAMI FL 33176 | <input type="checkbox"/> Delete | TITLE: VD NAME: <u>Lunior, Bob</u> STREET ADDRESS: <u>9180 SW 128 Lane</u> CITY-ST-ZIP: <u>m</u> | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: TD NAME: WILSON , LINDA STREET ADDRESS: 9178 SW 128TH LN CITY-ST-ZIP: MIAMI FL 33176 | <input type="checkbox"/> Delete | TITLE: TD NAME: <u>Willis, Linda</u> → <u>name miss spelled</u> STREET ADDRESS: <u>9178 SW 128 Lane</u> CITY-ST-ZIP: <u>Miami, FL 33176</u> | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: D NAME: KOLITZ, BRENT STREET ADDRESS: 9186 SW 128 LN CITY-ST-ZIP: MIAMI FL 33176 | <input type="checkbox"/> Delete | TITLE: D NAME: <u>Duane Yonon</u> STREET ADDRESS: <u>12891 SW 91 CT.</u> CITY-ST-ZIP: <u>Miami, FL 33176</u> | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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] President DATE: 3/19/07