

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 761851

FILED  
Mar 23, 2009  
Secretary of State

Entity Name: FALLS TOWNHOUSES HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

12889 SW 91 CT  
MIAMI, FL 33176

**New Principal Place of Business:**

**Current Mailing Address:**

12889 SW 91 CT  
MIAMI, FL 33176

**New Mailing Address:**

FEI Number: 59-2368081      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

ROSELL, EVELIN  
12807 SW 91 CT  
MIAMI, FL 33176      US

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

HOPKINS, JOHN  
9192 SW 128 LANE  
MIAMI, FL 33176      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: JOHN HOPKINS

03/23/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: YONON, DUANE  
Address: 12891 SW 91 STREET  
City-St-Zip: MIAMI, FL 33176

Title: PD      ( ) Delete  
Name: ROSELL, EVELIO  
Address: 12807 SW 91 COURT  
City-St-Zip: MIAMI, FL 33176

Title: D      ( ) Delete  
Name: MYERS, DIANE  
Address: 12818 SW 91 CT.  
City-St-Zip: MIAMI, FL 33176

Title: VD      ( ) Delete  
Name: LUNIOR, BOB  
Address: 9180 SW 128 LANE  
City-St-Zip: MIAMI, FL 33176

Title: TD      ( ) Delete  
Name: WILLIS, LINDA  
Address: 9178 SW 128TH LN  
City-St-Zip: MIAMI, FL 33176

Title: D      ( ) Delete  
Name: HOPKINS, JOHN  
Address: 9192 SW 128 LANE  
City-St-Zip: MIAMI, FL 33176

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D      (X) Change ( ) Addition  
Name: ROSELL, EVELIO  
Address: 12807 SW 91 COURT  
City-St-Zip: MIAMI, FL 33176

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: PD      (X) Change ( ) Addition  
Name: HOPKINS, JOHN  
Address: 9192 SW 128 LANE  
City-St-Zip: MIAMI, FL 33176

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JOHN HOPKINS

PRES

03/23/2009

Electronic Signature of Signing Officer or Director

Date