2010 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N03000002864

TI FILED
Nov 22, 2010
Secretary of State

Entity Name: THE FALLS OF JENSEN BEACH HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

New Principal Place of Business:

543 NW LAKE WHITNEY PLACE SUITE 101

SUNTRUST BANK - MAIL CODE: FL-ORL-2075 200 SOUTH ORANGE AVENUE, 7TH FLOOR

200 300

ORLANDO, FL 32801

PORT ST LUCIE, FL 34986

Current Mailing Address:

PORT ST LUCIE, FL 34986

New Mailing Address:

543 NW LAKE WHITNEY PLACE SUITE 101 SUNTRUST BANK - MAIL CODE: FL-ORL-2075 200 SOUTH ORANGE AVENUE, 7TH FLOOR

ORLANDO, FL 32801

FEI Number: 51-0502786

FEI Number Applied For () FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

BRISTOL MANAGEMENT 543 NW LAKE WHITNEY PLACE SUITE 101

PORT ST LUCIE, FL 34986 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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD

Name: ALBURY, CHRISTYNE

Address: SUNTRUST BANK 200 S. ORANGE AVE, 7TH FL

City-St-Zip: ORLANDO, FL 32801

Title: VD

Name: KAISER, DANIEL

Address: SUNTRUST BANK 200 S. ORANGE AVE, 7TH FL

City-St-Zip: ORLANDO, FL 32801

Title: STD

Name: KROLL, ANDREW

Address: SUNTRUST BANK 200 S. ORANGE AVE, 7TH FL

City-St-Zip: ORLANDO, FL 32801

I hereby 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 all other like empowered.

SIGNATURE: CHRISTYNE ALBURY

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11/22/2010