2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2007 08:00 AM
Secretary of State

DOCUMENT # N05000009344

1. Entity Name
RESIDENCES AT THE FALLS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
13888 SW 90TH AVE MIAMI, FL 33176	13888 SW 90TH AVE MIAMI, FL 33176

01122007 No Chg-NP CR2E037 (4/06)

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4. FEI Number
20-2467904
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DE VILLIERS, ANA V ESQ
FIELDSTONE LESTER SHEAR & DENBERG LLP
201 ALHAMBRA CIRCLE SUITE 601
CORAL GABLES, FL 33134

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000764108
05/30/07-80042-015 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DEAKTOR, SCOTT
STREET ADDRESS	10789 CLEARY BLVD
CITY-ST-ZIP	PLANTATION, FL 333246014
TITLE	VD
NAME	ALTAR, MAMIE
STREET ADDRESS	13876 SW 90TH AVE SUITE FF-201
CITY-ST-ZIP	MIAMI, FL 33176
TITLE	TD
NAME	RICHTER, MICHAEL
STREET ADDRESS	10789 CLEARY BLVD
CITY-ST-ZIP	PLANTATION, FL 333246014
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #