

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000009344

FILED
Jan 31, 2008
Secretary of State

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

Current Principal Place of Business:

13888 SW 90TH AVE
MIAMI, FL 33176

New Principal Place of Business:

Current Mailing Address:

13888 SW 90TH AVE
MIAMI, FL 33176

New Mailing Address:

FEI Number: 20-2467904

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BSPA CORPORATE SERVICES, INC.
350 E. LAS OLAS BLVD., SUITE 1000
FT. LAUDERDALE, FL 33301 US

Name and Address of New Registered Agent:

KATZMAN & KORR
1501 NORTHWEST 49TH STREET, SUITE 202
FORT LAUDERDALE, FL 33301 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: LEIGH C. KATZMAN, ESQ.

01/31/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DEAKTOR, SCOTT
Address: 10789 CLEARY BLVD
City-St-Zip: PLANTATION, FL 333246014

Title: VD () Delete
Name: ALTAR, MAMIE
Address: 13876 SW 90TH AVE SUITE FF-201
City-St-Zip: MIAMI, FL 33176

Title: TD (X) Delete
Name: RICHTER, MICHAEL
Address: 10789 CLEARY BLVD
City-St-Zip: PLANTATION, FL 333246014

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: SCOTT DEAKTOR

PD

01/31/2008

Electronic Signature of Signing Officer or Director

Date