2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jan 10, 2006 8:00 am Secretary of State

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DOCUMENT # N11850 1. Entity Name WATERFALL ROAD ASSOCIATION, INC.					01	-10-2006 90		**61.2	25
Principal Place 38349 HW. 5 ZEPHYRHILLS	54 EAST	Mailing Address 38349 HW. 54 EAST ZEPHYRHILLS, FL 33540			1 T 8 111 T 8 1 1/1	00000 1 111 1111 1111 1111	FOLL BY OLD SIDE OF BUILDING	ELETE ELETIN	B) 81 18 3 1
38349 C.R. 54 3		3. Mailing Address 38349 C.	38349 C.R. 54						
		Suite, Apt. #, etc.	Suite, Apt. #, etc.		01042006 _C	hg-NP	CR2E037 (11	/05)	
ZEPHYRHILLS FL 2		City & State ZEPHYRHI	ZEPHYRHILLS,FL		4. FEI Number Applied For NOT APPLICABLE Not Applicable				
^{Zip} 335	47	33547	Country	ĺ	5. Certificate of S		Fee R	5 Addit	tional
6. Name and Address of Current Registered Agent					7. Name and Add	iress of New Reg	gistered Agent		
BROWNSBERGER, GARY 38349 HWY. 54 EAST				Name Street Address (P.O. Box Number is Not Acceptable)					
ZEPHYRHILLS, FL 33540				,,,,	<i>1</i>	<u> </u>			
				City ZEPHYRHILLS FL 33542					
	named entity submits this statement for ions of registered agent.	the purpose of changing its re	egistered office or	register	ed agent, or both, in	the State of Flori	da. I am familia	ır with, a	ind accept
CICNIATI IDE									
SIGNATURE Signature, typed or printed name of registered agent and tibe # applicable. (NOTE: Registered Agent agentative required					when reinstating)		DATE		
Filing Fee Is \$61.25 Due by May 1, 2006		O Sleeties Come	9. Election Campaign Financing Trust Fund Contribution.		6 5.00	Mai		shla ta	
	Due by May 1, 2006				\$5.00 May Be Added to Fees	* * 5 * 5 * 5 * 5 5 5 5 5 5 5 5 5 5 5 5	ke check pay a Department	*************	A MARINE MORE A MERCANDO MORE ACADADA DE PERCANDA DE PERCANDA DE PERCANDA DE PERCANDA DE PERCANDA DE PERCANDA D
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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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/06 813-788-3378