

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

01-10-2006 90028 032 \*\*\*\*61.25

**60000669**



01042006 Chg-NP CR2E037 (11/05)

<b>DOCUMENT # N11850</b> 1. Entity Name <b>WATERFALL ROAD ASSOCIATION, INC.</b>					
Principal Place of Business <b>38349 HW. 54 EAST</b> <b>ZEPHYRHILLS, FL 33540</b>				Mailing Address <b>38349 HW. 54 EAST</b> <b>ZEPHYRHILLS, FL 33540</b>	
2. Principal Place of Business <b>38349 C.R. 54</b> Suite, Apt. #, etc.		3. Mailing Address <b>38349 C.R. 54</b> Suite, Apt. #, etc.		4. FEI Number <b>NOT APPLICABLE</b> <div style="float: right;"> <input type="checkbox"/> Applied For  <input type="checkbox"/> Not Applicable         </div>	
City & State <b>ZEPHYRHILLS, FL</b>		City & State <b>ZEPHYRHILLS, FL</b>			
Zip <b>33542</b>		Zip <b>33542</b>			
Country		Country			
6. Name and Address of Current Registered Agent <b>BROWNSBERGER, GARY</b> <b>38349 HWY. 54 EAST</b> <b>ZEPHYRHILLS, FL 33540</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>38349 C.R. 54</b> City <b>ZEPHYRHILLS</b> <b>FL</b> Zip Code <b>33542</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> <div style="float: right;">DATE _____</div>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to</b> <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VTD</b> <b>BROWNSBERGER, GARY</b> <b>36805 WATERFALL DR</b> <b>DADE CITY, FL</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DWYER, DAN</b> <b>36855 WATERFALL DR</b> <b>DADE CITY, FL</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete			
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: <u><i>J. Gary Brownsberger</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		
Date: <u>1/4/06</u>			Daytime Phone #: <u>813-788-3378</u>		