



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90110 028 ****61.25

DOCUMENT # N11850 1. Entity Name WATERFALL ROAD ASSOCIATION, INC.					
Principal Place of Business 38349 HW. 54 EAST ZEPHYRHILLS, FL 33540			Mailing Address 38349 HW. 54 EAST ZEPHYRHILLS, FL 33540		
2. Principal Place of Business - No P.O. Box # 38349 COUNTY ROAD 54 Suite, Apt. #, etc.		3. Mailing Address 38349 COUNTY ROAD 54 Suite, Apt. #, etc.			
City & State ZEPHYRHILLS, FL Zip 33542		City & State ZEPHYRHILLS, FL Zip 33542		4. FEI Number NOT APPLICABLE	
Country PASCO		Country PASCO		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BROWNSBERGER, GARY 38349 HWY. 54 EAST ZEPHYRHILLS, FL 33540				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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) DATE:</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE VTD	NAME BROWNSBERGER, GARY			<input type="checkbox"/> Delete	
STREET ADDRESS 36805 WATERFALL DR	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
CITY-ST-ZIP DADE CITY, FL					
TITLE D	NAME DWYER, DAN			<input type="checkbox"/> Delete	
STREET ADDRESS 36855 WATERFALL DR	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
CITY-ST-ZIP DADE CITY, FL					
TITLE 	NAME 			<input type="checkbox"/> Delete	
STREET ADDRESS 	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
CITY-ST-ZIP 					
TITLE 	NAME 			<input type="checkbox"/> Delete	
STREET ADDRESS 	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
CITY-ST-ZIP 					
TITLE 	NAME 			<input type="checkbox"/> Delete	
STREET ADDRESS 	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
CITY-ST-ZIP 					
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>Gary Brownsberger</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <u>1/4/08</u> Daytime Phone # <u>813-788-3378</u>	

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