FILE NOW: FILING FEE IS $61.25

FILED
Mar 31 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N94000004585 (5)**

1. Corporation Name

FALLIN WATERS HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business	Mailing Address
204 CLOVERDALE BLVD. FORT WALTON BEACH FL 32547	204 CLOVERDALE BLVD. FORT WALTON BEACH FL 32547-1406

3. Date Incorporated or Qualified: 09/14/1994
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business
21 513 Fallin Waters Dr.
22 Suite, Apt. #, etc.
23 City & State: Mary Esther FL
24 Zip: 32569 25 Country: USA

2a. Mailing Address
26 513 Fallin Waters Dr
27 Suite, Apt. #, etc.
28 City & State: Mary Esther, FL
29 Zip: 32569 30 Country: USA

4. FEI Number: 59-3273912 ☐ Applied For ☐ Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BURKETT, JEROME W JR.
204 CLOVERDALE BLVD.
FORT WALTON BEACH FL 32547

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	STD	☐ Change ☒ Addition
NAME	BURKETT, JEROME W JR		1.2 NAME	SUSAN ROSCHE	
STREET ADDRESS	204 CLOVERDALE BLVD.		1.3 STREET ADDRESS	513 Fallin Waters Dr	
CITY-ST-ZIP	FORT WALTON BEACH FL 32547		1.4 CITY-ST-ZIP	Mary Esther FL 32569	
TITLE	VD	☒ DELETE	2.1 TITLE	PD	☐ Change ☒ Addition
NAME	BURKETT, JEROME W SR		2.2 NAME	Paul Romanick	
STREET ADDRESS	204 CLOVERDALE BLVD.		2.3 STREET ADDRESS	2860 Masters Blvd	
CITY-ST-ZIP	FORT WALTON BEACH FL 32547		2.4 CITY-ST-ZIP	Navarre FL 32566	
TITLE	STD	☒ DELETE	3.1 TITLE	VD	☒ Change ☐ Addition
NAME	SPOERL, PATRICIA		3.2 NAME	Jerome W Burkett Jr	
STREET ADDRESS	912 EMILY CIRCLE		3.3 STREET ADDRESS	204 Cloverdale Blvd	
CITY-ST-ZIP	FORT WALTON BEACH FL 32547		3.4 CITY-ST-ZIP	Fort Walton Beach FL 32547	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Susan Rosche REQUIRED 2/14/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0073864