

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morton Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # **N94000004585 (5)**

1. Corporation Name

FALLIN WATERS HOMEOWNER'S ASSOCIATION, INC.



Principal Place of Business	Mailing Address
513 FALLIN WATERS DR. MARY ESTHER FL 32569 US	513 FALLIN WATERS DR. MARY ESTHER FL 32569 US

3. Date Incorporated or Qualified	
09/14/1994	

4. FEI Number	Applied For
59-3273912	☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 500 Fallin Waters Dr.	26 500 Fallin Waters Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23 Mary Esther FL	28 Mary Esther FL
Zip	Zip
24 32569	29 32569
Country	Country
25 USA	30 USA

5. Certificate of Status Desired	☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	☐ \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?	☒ Yes ☐ No
--	---

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	☐ Yes ☐ No
---	--

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name	Michael Schwartz
82 Street Address (P.O. Box Number is Not Acceptable)	500 Fallin Waters Dr.
83	
84 City	Mary Esther FL
85 Zip Code	32569

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 *Michael Schwartz* **Michael Schwartz** **6 Feb 98**
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	President
NAME	BURKETT, JEROME W JR	1.2 NAME	Romanick, Paul D.
STREET ADDRESS	204 CLOVERDALE BLVD.	1.3 STREET ADDRESS	2860 Masters Blvd.
CITY-ST-ZIP	FORT WALTON BEACH FL	1.4 CITY-ST-ZIP	Navarre FL 32566
TITLE	STD	2.1 TITLE	Trustee
NAME	ROSCHKE, SUSAN	2.2 NAME	Schwartz, Michael
STREET ADDRESS	513 FALLIN WATERS DR.	2.3 STREET ADDRESS	500 Fallin Waters Dr.
CITY-ST-ZIP	MARY ESTHER FL	2.4 CITY-ST-ZIP	Mary Esther FL 32569
TITLE	PD	3.1 TITLE	Treasurer
NAME	ROMANICK, PAUL	3.2 NAME	William Zupa
STREET ADDRESS	2860 MASTERS BLVD.	3.3 STREET ADDRESS	501 Fallin Waters Dr.
CITY-ST-ZIP	NAVARRE FL	3.4 CITY-ST-ZIP	Mary Esther FL 32569
TITLE		4.1 TITLE	Trustee
NAME		4.2 NAME	Jim Rodgers
STREET ADDRESS		4.3 STREET ADDRESS	503 Fallin Waters Dr.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Mary Esther FL 32569
TITLE		5.1 TITLE	PHYLLIS KATZ
NAME		5.2 NAME	PHYLLIS KATZ
STREET ADDRESS		5.3 STREET ADDRESS	502 FALLIN WATERS DR
CITY-ST-ZIP		5.4 CITY-ST-ZIP	MARY ESTHER, FL 32569
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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: *Paul D. Romanick* **PAUL D. ROMANICK** **6 Feb 98** **(850) 884-6846**

CR2E037 (10/97)