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04-29-1999 90164 049 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N94000004585**

1. Corporation Name

FALLIN WATERS HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business	Mailing Address
500 FALLIN WATERS DR MARY ESTHER FL 32569 US	500 FALLIN WATTERS DR MARY ESTHER FL 32569 US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21	26 509 Fallin Waters Dr	09/14/1994
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3273912 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28 Mary Esther, FL.	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 32569 Country 30 USA	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

MICHAEL SCHWARTZ
500 FALLIN WATERS DR
MARY ESTHER FL 32569

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	P	☐ DELETE	1.1 TITLE	P	☒ Change ☐ Addition
NAME	ROMANICK, PAUL D		1.2 NAME	ROMANICK, PAUL D	
STREET ADDRESS	2860 MASTERS BLVD		1.3 STREET ADDRESS	513 FALLIN WATERS DR	
CITY-ST-ZIP	NAVARRE FL 32566		1.4 CITY-ST-ZIP	MARY ESTHER, FL 32569	
TITLE	Tr	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SCHWARTZ, MICHAEL		2.2 NAME		
STREET ADDRESS	500 FALLIN WATERS DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	MARY ESTHER FL 32569		2.4 CITY-ST-ZIP		
TITLE	TS	☐ DELETE	3.1 TITLE	Tr	☒ Change ☐ Addition
NAME	WILLIAM ZUPA		3.2 NAME	CHIYOKO ZUPPA	
STREET ADDRESS	501 FALLIN WATERS DR		3.3 STREET ADDRESS	501 FALLIN WATERS DR	
CITY-ST-ZIP	MARY ESTHER FL 32569		3.4 CITY-ST-ZIP	MARY ESTHER, FL 32569	
TITLE	T	☐ DELETE	4.1 TITLE	T	☒ Change ☐ Addition
NAME	JIM RODGERS		4.2 NAME	JAMES ROGERS	
STREET ADDRESS	503 FALLIN WATERS DR		4.3 STREET ADDRESS	503 FALLIN WATERS DR	
CITY-ST-ZIP	MARY ESTHER FL 32569		4.4 CITY-ST-ZIP	MARY ESTHER, FL 32569	
TITLE	T	☐ DELETE	5.1 TITLE	Tr	☒ Change ☐ Addition
NAME	PHYLLIS KATZ		5.2 NAME	ADENE STILLMAN	
STREET ADDRESS	502 FALLIN WATERS DR		5.3 STREET ADDRESS	504 FALLIN WATERS DR	
CITY-ST-ZIP	MARY ESTHER FL 32569		5.4 CITY-ST-ZIP	MARY ESTHER, FL. 32569	
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 (11/98)

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, with all other like empowered.

SIGNATURE: James K. Rogers SIGNATURE REQUIRED James K. Rogers Jr. 27 APR 99 350-883-4081
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #