2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 21, 2000 8:00 am
Secretary of State
06-21-2000 90001 020 ****61.25

DOCUMENT # N94000004585 (R)

1. Entity Name

FALLIN WATERS HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business	Mailing Address
~~500~~ 512 FALLIN WATERS DR MARY ESTHER FL 32569 US	509 FALLIN WATERS DR MARY ESTHER FL 32569-1520 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
	SAME AS ABOVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3273912 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DAVID LAMBERT ~~MICHAEL SCHWARTZ~~ ~~500~~ FALLIN WATERS DR #512 MARY ESTHER FL 32569	Name DAVID LAMBERT Street Address (P.O. Box Number is Not Acceptable) 512 FALLIN WATERS DR City Mary Esther FL Zip Code 32569

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.

SIGNATURE David Lambert — DATE 6/12/00

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

FILE NOW: FEE IS $61.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ROMANICK, PAUL D 513 FALLEN WATERS DR MARY ESTHER FL 32569	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T SCHWARTZ, MICHAEL 500 FALLIN WATERS DR MARY ESTHER FL 32569	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	David Lambert 512 Fallin Waters Dr Mary Esther, FL 32569	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T ZUPPA, CHIYOKO 501 FALLIN WATERS DR MARY ESTHER FL 32569	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Bill Zuppa 501 Fallin Waters Dr Mary Esther FL. 32569	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T ROGERS, JAMES 503 FALLIN WATERS DR MARY ESTHER FL 32569	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Phil Blaich 500 Fallin Waters Dr Mary Esther FL. 32569	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T STILLMAN, ADENE 502 FALLIN WATERS DR MARY ESTHER FL 32569	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Judi Marshall 509 Fallin Waters Dr Mary Esther, FL. 32569	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. 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 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: SIGNATURE REQUIRED — 6/12/00 — 850-581-4449

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #