2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # N94000004585 01-19-2006 90103 050 ****61.25 FALLIN WATERS HOMEOWNER'S ASSOCIATION, INC. Principal Place of Business Mailing Address . 30 " 509 FALLIN WATERS DR. **509 FALLIN WATERS DR** US MARY ESTHER, FL 32569 US MARY ESTHER, FL 32569 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01092006 Chg-NP CR2E037 (11/05) City & State Applied For City & State 4. FEI Number 59-3273912 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LAMBERT, DAVID 512 FALLIN WATERS DR Street Address (P.O. Box Number is Not Acceptable) MARY ESTHER, FL 32569 City Zip Code 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. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Due by May 1; 2006 Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. VTD TILE Delete TITLE ☐ Addition ☐ Change NAME MARSHALL, JOHN C NAME STREET ADDRESS 509 FALLIN WATERS DR STREET ADDRESS CITY-ST-ZIP MARY ESTHER, FL 32569 CITY-ST-7IP PD TITLE ☐ Delete TITLE ☐ Change ■ Addition LAMBERT, DAVID STREET ADDRESS 512 FALLIN WATERS DR STREET ADDRESS MARY ESTHER, FL 32569 CITY-ST-7IP CITY-ST-ZIP SD TITLE Delete TITLE Change ☐ Addition PHILLIPS, WILLIAMS NAME NAME STREET ADDRESS 511 FALLIN WATERS DRIVE STREET ADDRESS CITY-ST-ZIP MARY ESTHER, FL 32569 CITY-ST-ZIP Delete Change Addition Biedlingmaier, David. 506 Fallin Waters Drive TRAN, DON NAME NAME STREET ADDRESS **507 FALLIN WATERS DR** STREET ADDRESS Mary Esther, FL 32569 CITY-ST-ZIP MARY ESTHER, FL 32569 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME BLANCHARD, GLYNN NAME **505 FALLIN WATERS DR** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MARY ESTHER, FL 32569 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not quality 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED

Jan 19, 2006 8:00 am