

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 22, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N94000004585**

1. Entity Name  
**FALLIN WATERS HOMEOWNER'S ASSOCIATION, INC.**



Principal Place of Business

**509 FALLIN WATERS DR.  
MARY ESTHER, FL 32569 US**

Mailing Address

**509 FALLIN WATERS DR  
MARY ESTHER, FL 32569 US**



01122007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

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

**LAMBERT, DAVID  
512 FALLIN WATERS DR  
MARY ESTHER, FL 32569**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U000000644457  
03/02/07-80042-018 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	VTD MARSHALL, JOHN C 509 FALLIN WATERS DR MARY ESTHER, FL 32569
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD LAMBERT, DAVID 512 FALLIN WATERS DR MARY ESTHER, FL 32569
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD PHILLIPS, WILLIAMS 511 FALLIN WATERS DRIVE MARY ESTHER, FL 32569
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BIEDLINGMAIER, DAVID 506 FALLIN WATERS DR MARY ESTHER, FL 32569
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BLANCHARD, GLYNN 505 FALLIN WATERS DR MARY ESTHER, FL 32569
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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:**

*John C. Marshall*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*John C. Marshall*

*2-16-07*  
Date

*850-531-4449*  
Daytime Phone #