
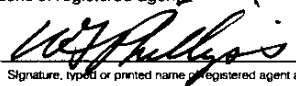
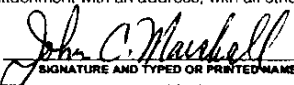


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 24, 2008 8:00 am**  
**Secretary of State**

01-24-2008 90029 005 \*\*\*\*61.25

<b>DOCUMENT # N94000004585</b> 1. Entity Name <b>FALLIN WATERS HOMEOWNER'S ASSOCIATION, INC.</b>					
Principal Place of Business <b>509 FALLIN WATERS DR.</b> <b>MARY ESTHER, FL 32569 US</b>			Mailing Address <b>509 FALLIN WATERS DR</b> <b>MARY ESTHER, FL 32569 US</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.		01052008 Chg-NP CR2E037 (12/06)	
City & State		City & State		4. FEI Number <b>59-3273912</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>LAMBERT, DAVID</b> <b>512 FALLIN WATERS DR</b> <b>MARY ESTHER, FL 32569</b>				7. Name and Address of New Registered Agent Name <b>William F. Phillips</b> Street Address (P.O. Box Number is Not Acceptable) <b>511 Fallin Waters Drive</b> City <b>Mary Esther</b> <b>FL</b> Zip Code <b>32569</b>	
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  <b>18 Jan 2008</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to</b> <b>Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD MARSHALL, JOHN C 509 FALLIN WATERS DR MARY ESTHER, FL 32569	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD   <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LAMBERT, DAVID 512 FALLIN WATERS DR MARY ESTHER, FL 32569	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Katja B. Hubbard 502 Fallin Waters Drive Mary Esther, FL 32569 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PHILLIPS, WILLIAMS 511 FALLIN WATERS DRIVE MARY ESTHER, FL 32569	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD   <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BIEDLINGMAIER, DAVID 506 FALLIN WATERS DR MARY ESTHER, FL 32569	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Theodore R. Quarles, Jr. 506 Fallin Waters Drive Mary Esther, FL 32569 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLANCHARD, GLYNN 505 FALLIN WATERS DR MARY ESTHER, FL 32569	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD   <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   <input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	   <input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  <b>John C. Marshall</b> <b>18 Jan 2008</b> <b>850-581-4449</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					