2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2009
Secretary of State

DOCUMENT# N94000004585

Entity Name: FALLIN WATERS HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

509 FALLIN WATERS DR.
MARY ESTHER, FL 32569 US

New Principal Place of Business:

Current Mailing Address:

509 FALLIN WATERS DR
MARY ESTHER, FL 32569 US

New Mailing Address:

509 FALLIN WATERS DR.
MARY ESTHER, FL 32569 US

FEI Number: 59-3273912 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PHILLIPS, WILLIAM F
511 FALLIN WATER DR
MARY ESTHER, FL 32569 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: TD ( ) Delete
Name: MARSHALL, JOHN C
Address: 509 FALLIN WATERS DR
City-St-Zip: MARY ESTHER, FL 32569

Title: SD ( ) Delete
Name: HUBBARD, KATIA
Address: 502 FALLIN WATERS DR
City-St-Zip: MARY ESTHER, FL 32569

Title: PD ( ) Delete
Name: PHILLIPS, WILLIAMS
Address: 511 FALLIN WATERS DRIVE
City-St-Zip: MARY ESTHER, FL 32569

Title: D ( ) Delete
Name: QUARLES, THEODORE R JR
Address: 508 FALLIN WATERS DR
City-St-Zip: MARY ESTHER, FL 32569

Title: VD ( ) Delete
Name: BLANCHARD, GLYNN
Address: 505 FALLIN WATERS DR
City-St-Zip: MARY ESTHER, FL 32569

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change ( ) Addition
Name: HUBBARD, KATJA
Address: 502 FALLIN WATERS DR
City-St-Zip: MARY ESTHER, FL 32569

Title: PD (X) Change ( ) Addition
Name: PHILLIPS, WILLIAMS F
Address: 511 FALLIN WATERS DRIVE
City-St-Zip: MARY ESTHER, FL 32569

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change ( ) Addition
Name: TRUSTY, ROY
Address: 504 FALLIN WATERS DR
City-St-Zip: MARY ESTHER, FL 32569

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN C. MARSHALL TD 01/12/2009
Electronic Signature of Signing Officer or Director Date