

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004585

FILED  
Feb 26, 2010  
Secretary of State

**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:**

**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:**

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

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:

02/26/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

Title: SD  
Name: ROGERS, JAMES  
Address: 503 FALLIN WATERS DR  
City-St-Zip: MARY ESTHER, FL 32569

Title: PD  
Name: PHILLIPS, WILLIAM F  
Address: 511 FALLIN WATERS DRIVE  
City-St-Zip: MARY ESTHER, FL 32569

Title: D  
Name: LAMBERT, DAVID  
Address: 508 FALLIN WATERS DR  
City-St-Zip: MARY ESTHER, FL 32569

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

I hereby 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 all other like empowered.

SIGNATURE: JOHN C. MARSHALL

TD

02/26/2010

Electronic Signature of Signing Officer or Director

Date