2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2011
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:

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 WATERS 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
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 01/15/2011

Electronic Signature of Signing Officer or Director Date