2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2008
Secretary of State

DOCUMENT# N95000001633

Entity Name: THE FALLS MAINTENANCE ASSOCIATION, INC.

Current Principal Place of Business:

C/O SIGNATURE PROP. MGMT. GROUP
318 INDIAN TRACE #107
WESTON, FL 33326 US

New Principal Place of Business:

Current Mailing Address:

C/O SIGNATURE PROP. MGMT. GROUP
318 INDIAN TRACE #107
WESTON, FL 33326 US

New Mailing Address:

FEI Number: 65-0565877 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SIGNATURE PROPERTY MANAGEMENT GROUP INC
318 INDIAN TRACE ROAD PMB107
WESTON, FL 33326 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: PD ( ) Delete
Name: HARRIS, STUART
Address: 1009 CEDAR FALLS DRIVE
City-St-Zip: WESTON, FL 33327 US

Title: VPD ( ) Delete
Name: STEFFEN, MADELYN
Address: 1166 FALLS BLVD
City-St-Zip: WESTON, FL 33327 US

Title: SD ( ) Delete
Name: WEINTRAUB, SUZANNE
Address: 1128 CEDAR FALLS DRIVE
City-St-Zip: WESTON, FL 33327 US

Title: TD ( ) Delete
Name: BENNETT, ARNOLD
Address: 1180 FALLS BLVD
City-St-Zip: WESTON, FL 33327 US

Title: D ( ) Delete
Name: DROEGE, MARCUS PH.D.
Address: 869 BRIAR RIDGE ROAD
City-St-Zip: WESTON, FL 33327 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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: STUART HARRIS P 01/06/2008
Electronic Signature of Signing Officer or Director — Date