

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001633

FILED  
Jan 16, 2009  
Secretary of State

**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: PD (X) Change ( ) Addition  
Name: MADELYN, STEFFEN  
Address: 1166 FALLS BLVD  
City-St-Zip: WESTON, FL 33327 US

Title: VPD (X) Change ( ) Addition  
Name: DROEGE, MARCUS PHD  
Address: 869 BRIAR RIDGE ROAD  
City-St-Zip: WESTON, FL 33327 US

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

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

Title: D (X) Change ( ) Addition  
Name: SHAFFER, SUSANA  
Address: 752 SAND CREEK CIRCLE  
City-St-Zip: WESTON, FL 33327 US

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: MADELYN STEFFEN

PD

01/16/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date