

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001633

FILED
Jan 04, 2012
Secretary of State

Entity Name: THE FALLS MAINTENANCE ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

C/O SIGNATURE PROP. MGMT. GROUP
304 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
304 INDIAN TRACE #107
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
Name: MADELYN, STEFFEN
Address: 1166 FALLS BLVD
City-St-Zip: WESTON, FL 33327 US

Title: D
Name: JENKINS, AIMEE R
Address: 862 BRIAR RIDGE ROAD
City-St-Zip: WESTON, FL 33327 US

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

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

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

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: MADELYN STEFFEN

P

01/04/2012

Electronic Signature of Signing Officer or Director

_____ Date