

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000005876

FILED
Feb 07, 2011
Secretary of State

Entity Name: THE FALLS @ SHERIDAN COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

796 CONESTEE DRIVE
W MELBOURNE, FL 32940

New Principal Place of Business:

796 CONESTEE DRIVE
W MELBOURNE, FL 32904

Current Mailing Address:

P O BOX 120118
W MELBOURNE, FL 32912

New Mailing Address:

FEI Number: 59-3348572 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

BOHNE, KARL W JR. ESQ
1311 BEDFORD DR.
MELBOURNE, FL 32940 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: P
Name: SCHAAD, RUSSELL
Address: 712 FALLS CREEK DRIVE
City-St-Zip: W MELBOURNE, FL 32904

Title: VP
Name: FASSMAN, PETER
Address: 883 SHOSHONE LANE
City-St-Zip: W MELBOURNE, FL 32904

Title: TD
Name: BRYSON, ELAINE
Address: 796 CONESTEE DRIVE
City-St-Zip: W MELBOURNE, FL 32904

Title: D
Name: MCCREIGHT, SANDRA
Address: 776 CONESTEE DRIVE
City-St-Zip: W MELBOURNE, FL 32904

Title: D
Name: SCHULTZ, DAVID
Address: 841 POTOMAC DRIVE
City-St-Zip: W MELBOURNE, FL 32904

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: ELAINE BRYSON

TD

02/07/2011

Electronic Signature of Signing Officer or Director

Date