#### 2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 761851** 

Entity Name: FALLS TOWNHOUSES HOMEOWNERS ASSOCIATION, INC.

FILED
Mar 25, 2015
Secretary of State
CC6108996532

## **Current Principal Place of Business:**

12889 SW 91 CT MIAMI, FL 33176

# **Current Mailing Address:**

12889 SW 91 CT MIAMI, FL 33176

FEI Number: 59-2368081 Certificate of Status Desired: No

### Name and Address of Current Registered Agent:

LUNIOR, BOB 9180 SW 128 LANE MIAMI, FL 33176 US

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

#### Officer/Director Detail:

Title TREASURER T	itle D	,
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NameYONON, KATHLEENNameROSELL, EVELIOAddress12891 SW 91 STREETAddress12807 SW 91 COURT

City-State-Zip: MIAMI FL 33176 City-State-Zip: MIAMI FL 33176

Title D Title PRES

 Name
 MYERS, DIANE
 Name
 LUNIOR, BOB

 Address
 12818 SW 91 CT.
 Address
 9180 SW 128 LANE

 City-State-Zip:
 MIAMI FL 33176
 City-State-Zip:
 MIAMI FL 33176

Title DIRECTOR, VP Title DIRECTOR

NameEARL PARLER, PAMNameSMITH, KERRY ANNAddress12812 SW 91COURTAddress12809 SW 91 CTCity-State-Zip:MIAMI FL 33176City-State-Zip:MIAMI FL 33176

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: BOB LUNIOR PRESIDENT 03/25/2015