#### 2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41842

Entity Name: FALLING WATERS MASTER ASSOCIATION, INC.

FILED Feb 24, 2020 Secretary of State 9534417203CC

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

CAMBRIDGE PROPERTY MGMT 9001 HIGHLAND WOODS BLVD SUITE 7 BONITA SPRINGS, FL 34135

# **Current Mailing Address:**

CAMBRIDGE PROPERTY MGMT 9001 HIGHLAND WOODS BLVD SUITE 7 BONITA SPRINGS, FL 34135 US

FEI Number: 65-0318043 Certificate of Status Desired: No

### Name and Address of Current Registered Agent:

CAMBRIDGE PROPERTY MANAGEMENT CAMBRIDGE PROPERTY MGMT 9001 HIGHLAND WOODS BLVD SUITE 7 BONITA SPRINGS, FL 34135 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: JANICE SCHIENKE 02/24/2020

Electronic Signature of Registered Agent Date

Officer/Director Detail:

City-State-Zip:

Title PRESIDENT Title VP

Name SCHIENKE, JANICE Name HOLCOMB, IRWIN JW

Address CAMBRIDGE PROPERTY MGMT Address CAMBRIDGE PROPERTY MGMT

9001 HIGHLAND WOODS BLVD SUITE 9001 HIGHLAND WOODS BLVD SUITE

City-State-Zip: BONITA SPRINGS FL 34135 City-State-Zip: BONITA SPRINGS FL 34135

Title SECRETARY Title TREASURER

Name GOETZKE, MICHELLE Name DIFABIO, RON

Address CAMBRIDGE PROPERTY MGMT Address CAMBRIDGE PROPERTY MGMT

9001 HIGHLAND WOODS BLVD SUITE 9001 HIGHLAND WOODS BLVD SUITE

City-State-Zip: BONITA SPRINGS FL 34135 City-State-Zip: BONITA SPRINGS FL 34135

 Title
 DIRECTOR
 Title
 DIRECTOR

 Name
 AFFLECK, DENNIS
 Name
 OTT, GEORGE

Address CAMBRIDGE PROPERTY MGMT Address CAMBRIDGE PROPERTY MGMT

9001 HIGHLAND WOODS BLVD SUITE 9001 HIGHLAND WOODS BLVD SUITE

City-State-Zip: BONITA SPRINGS FL 34135 City-State-Zip: BONITA SPRINGS FL 34135

Title DIRECTOR Title DIRECTOR

Name BOYLE, TIM Name BELL, BARBARA

Address CAMBRIDGE PROPERTY MGMT Address CAMBRIDGE PROPERTY MGMT

9001 HIGHLAND WOODS BLVD SUITE 9001 HIGHLAND WOODS BLVD SUITE

BONITA SPRINGS FL 34135 City-State-Zip: BONITA SPRINGS FL 34135

#### Continues on page 2

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: JANICE SCHIENKE PRESIDENT 02/24/2020

# Officer/Director Detail Continued:

Title DIRECTOR

Name CARTER, RICHARD

Address CAMBRIDGE PROPERTY MGMT

9001 HIGHLAND WOODS BLVD SUITE 7

City-State-Zip: BONITA SPRINGS FL 34135