

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N41842

**Entity Name:** FALLING WATERS MASTER ASSOCIATION, INC.

**Current Principal Place of Business:**

6704 LONE OAK BLVD  
NAPLES, FL 34109

**Current Mailing Address:**

6704 LONE OAK BLVD  
NAPLES, FL 34109 US

**FEI Number: 65-0318043**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

GUARDIAN PROPERTY MANAGEMENT  
6704 LONE OAK BLVD  
NAPLES, FL 34109 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: BYRON ROSS**

**04/26/2024**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            HUDSON, ROBERT  
Address        6704 LONE OAK BLVD  
City-State-Zip: NAPLES FL 34109

Title            VICE PRESIDENT  
Name            CONNOLLY, CAROL  
Address        6704 LONE OAK BLVD  
City-State-Zip: NAPLES FL 34109

Title            TREASURER  
Name            HOLLMAN, MIKE  
Address        6704 LONE OAK BLVD  
City-State-Zip: NAPLES FL 34109

Title            SECRETARY  
Name            MORAN, ANN MARIE  
Address        6704 LONE OAK BLVD  
City-State-Zip: NAPLES FL 34109

Title            DIRECTOR  
Name            HOLCOMB, JW  
Address        6704 LONE OAK BLVD  
City-State-Zip: NAPLES FL 34109

Title            DIRECTOR  
Name            PERCELLA, DAN  
Address        6704 LONE OAK BLVD  
City-State-Zip: NAPLES FL 34109

Title            DIRECTOR  
Name            OTT, GEORGE  
Address        6704 LONE OAK BLVD  
City-State-Zip: NAPLES FL 34109

Title            DIRECTOR  
Name            STEIDL, TIM  
Address        6704 LONE OAK BLVD  
City-State-Zip: NAPLES FL 34109

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*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: ROBERT HUDSON**

**PRESIDENT**

**04/26/2024**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           ANDERSON, GEORGE  
Address        6704 LONE OAK BLVD  
City-State-Zip: NAPLES FL 34109