

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41842

FILED
Apr 29, 2022
Secretary of State
9100652838CC

Entity Name: FALLING WATERS MASTER ASSOCIATION, INC.

Current Principal Place of Business:

CAMBRIDGE MANAGEMENT
9001 HIGHLAND WOODS BLVD STE 2
BONITA SPRINGS, FL 34135

Current Mailing Address:

CAMBRIDGE MANAGEMENT
9001 HIGHLAND WOODS BLVD STE 2
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 MANAGEMENT
9001 HIGHLAND WOODS BLVD STE 2
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

04/29/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name CARMICHAEL, DAVID
Address CAMBRIDGE MANAGEMENT
9001 HIGHLAND WOODS BLVD STE 2
City-State-Zip: BONITA SPRINGS FL 34135

Title PRESIDENT
Name HOLCOMB, IRWIN JW
Address CAMBRIDGE MANAGEMENT
9001 HIGHLAND WOODS BLVD STE 2
City-State-Zip: BONITA SPRINGS FL 34135

Title SECRETARY
Name PERCELLA, DANNY
Address CAMBRIDGE MANAGEMENT
9001 HIGHLAND WOODS BLVD STE 2
City-State-Zip: BONITA SPRINGS FL 34135

Title DIRECTOR
Name CONNOLLY, CAROL
Address CAMBRIDGE MANAGEMENT
9001 HIGHLAND WOODS BLVD STE 2
City-State-Zip: BONITA SPRINGS FL 34135

Title DIRECTOR
Name AFFLECK, DENNIS
Address CAMBRIDGE MANAGEMENT
9001 HIGHLAND WOODS BLVD STE 2
City-State-Zip: BONITA SPRINGS FL 34135

Title DIRECTOR
Name OTT, GEORGE
Address CAMBRIDGE MANAGEMENT
9001 HIGHLAND WOODS BLVD STE 2
City-State-Zip: BONITA SPRINGS FL 34135

Title DIRECTOR
Name SCHWAMMLE, KURT
Address CAMBRIDGE MANAGEMENT
9001 HIGHLAND WOODS BLVD STE 2
City-State-Zip: BONITA SPRINGS FL 34135

Title DIRECTOR
Name SCHMACHTENBERG, DON
Address CAMBRIDGE MANAGEMENT
9001 HIGHLAND WOODS BLVD STE 2
City-State-Zip: BONITA SPRINGS FL 34135

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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: IRWIN JW HOLCOMB

PRESIDENT

04/29/2022

Officer/Director Detail Continued :

Title DIRECTOR
Name HUDSON, ROBERT
Address CAMBRIDGE MANAGEMENT
 9001 HIGHLAND WOODS BLVD STE 2
City-State-Zip: BONITA SPRINGS FL 34135