

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

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95 MAY -1 PM 2:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L37611** (5)

1. Corporation Name

FALLING WATERS RECREATIONS, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business

7200 DAVIS BLVD
NAPLES FL 33962
US

Mailing Address

7200 DAVIS BLVD.
NAPLES FL 33962
US

3. Date Incorporated or Qualified: **12/18/1989**
3a. Date of Last Report: **06/07/1994**

4. FEI Number: **65-0162052**
Applied For: Not Applicable

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under 5-199-039, Florida Statutes: Yes No

21. Principal Place of Business	26. Mailing Address
22. State, Apt. #, etc.	27. State, Apt. #, etc.
23. City & State	28. City & State
24. Zip	29. Zip
25. Locality	30. Locality

9. Name and Address of Current Registered Agent

SIESKY, JAMES H.
1000 NO. TAMiami TRAIL
SUITE 201
NAPLES FL 33940-6777

10. Name and Address of New Registered Agent

B1. Name	B5. Zip Code
B2. Street Address (P.O. Box Number is Not Acceptable)	
B3.	
B4. City	FL

11. Pursuant to the provisions of Sections 607.01(2), and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both, of the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and understand the obligations of Sections 607.01(2), Florida Statutes.

SIGNATURE

By the Registered Agent (print or type name)

By the Registered Agent (print or type name)

1248

12. OFFICERS AND DIRECTORS	
DP	HUBSCHMAN, SAMUEL 7200 DAVIS BOULEVARD NAPLES FL
D	HUBSCHMAN, HARRISON 101 CARICA RD NAPLES FL
D	HUBSCHMAN, ALBERT 529 WEST PL NAPLES FL

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. STREET ADDRESS	
3. CITY & STATE	
4. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. STREET ADDRESS	
6. CITY & STATE	
7. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
8. STREET ADDRESS	
9. CITY & STATE	
10. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. STREET ADDRESS	
12. CITY & STATE	
13. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. STREET ADDRESS	
15. CITY & STATE	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 339.02(3)(b), Florida Statutes. I further certify that the information included in this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. That I am an officer or director of the corporation or the executor, trustee or assignee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 or Block 14, or as an attachment with an address.

SIGNATURE: Samuel Hubschman

4/28/95 813-774-5698