


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2004 8:00 am
Secretary of State

03-30-2004 90007 039 ***150.00

DOCUMENT # L37611
 1. Entity Name
FALLING WATERS RECREATIONS, INC.



Principal Place of Business 7200 DAVIS BLVD. NAPLES, FL 33962 US	Mailing Address 7200 DAVIS BLVD. NAPLES, FL 33962 US
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94039552



03102004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0162052	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SIESKY, JAMES H.
 1000 NO. TAMiami TRAIL
 SUITE 201
 NAPLES, FL 33940-6777

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when registering) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ANTENUCCI, ALBO JR <i>William A. Burke</i> 100 S. BEDFORD RD. MT. KISCO, NY 10549
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	NSD T FRIEDLAND, GARY <i>John P. Saldarelli</i> 100 S. BEDFORD RD. MT. KISCO, NY 10549
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MALOOLY, PATRICK 7200 DAVIS BLVD NAPLES, FL 34104
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *John P. Saldarelli*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/04 (914) 242-7700
 Date System Phone #