


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2006 08:00 AM
Secretary of State

DOCUMENT # L37611 1. Entity Name FALLING WATERS RECREATIONS, INC.	
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Principal Place of Business 7200 DAVIS BLVD. NAPLES, FL 33962 US	Mailing Address 7200 DAVIS BLVD. NAPLES, FL 33962 US
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02012006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0162052	Applied For <input type="checkbox"/> 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's signature required when reappointing) _____ DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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 BURKE, WILLIAM A 100 S BEDFORD RD. MT. KISCO, NY 10549
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSDT SALDARELLI, JOHN P 100 S. BEDFORD RD. MT. KISCO, NY 10549
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02/18/06-80060-014 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 JOHN SALDARELLI, TREASURER, 4/1/06 94-241-906
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #