

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L37611

FILED  
Apr 27, 2009  
Secretary of State

Entity Name: FALLING WATERS RECREATIONS, INC.

## Current Principal Place of Business:

2055 CASCADES DR  
#5  
NAPLES, FL 34112 US

## Current Mailing Address:

2055 CASCADES DR  
#5  
NAPLES, FL 34112 US

FEI Number: 65-0162052

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## New Principal Place of Business:

445 HAMILTON AVE.  
1210  
WHITE PLAINS, NY 10601 US

## New Mailing Address:

445 HAMILTON AVE.  
1210  
WHITE PLAINS, NY 10601 US

## Name and Address of Current Registered Agent:

SIESKY, JAMES H.  
1000 NO. TAMIAMI TRAIL  
SUITE 201  
NAPLES, FL 339406777 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: OSTERHOUDT, BRUCE  
Address: 445 HAMILTON AVE., SUITE 1210  
City-St-Zip: WHITE PLAINS, NY 10601

Title: VSDT (X) Delete  
Name: SALDARELLI, JOHN P  
Address: 445 HAMILTON AVE., SUITE 1210  
City-St-Zip: WHITE PLAINS, NY 10601

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: OSTERHOUDT, BRUCE  
Address: 445 HAMILTON AVE., SUITE 1210  
City-St-Zip: WHITE PLAINS, NY 10601

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRUCE OSTERHOUDT

P

04/27/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date