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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # L37611

(5)

FALLING WATERS RECREATIONS, INC.

-	FILED)
May 05	1997	8:00am
Secre	tary of	f State

			
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Principal Place of Business 7200 DAVIS BLYD. NAPLES FL 33962		7200 DAVIS E	Mailing Address 7200 DAVIS BLVD. NAPLES FL 34104-5303								
VS		US				-	3. Date Incorporated or Qualit	fied	3a. Date 04/25/		leport
2. Principal I	Place of Business	2a. Mailing	Address				4. FEI Number				pplied For
1]		26	· · · · · · · · · · · · · · · · · ·				65-0162052			N	ot Applicable
Suite, Apt	I #, etc.	Suite, Ap	ot. #, etc.				5. Certificate of Status Desired	d [Additional equired
Сіту & Sta 3	ite	City & Si	tate				Election Campaign Financi Trust Fund Contribution]		May Be to Fees
Zφ	Country	Zip		Cour	ntry		8. This corporation has liability				. 199.032,
4	25	[29]		30			Florida Statutes		res 🔲		
	9. Name and Address of C	urrent Registered Ag	ent		81 Nar		10. Name and Address of Ne	w Regis	tered Ag	ent	
	SKY, JAMES H.			ſ	81 Nar	me					
	O NO. TAMIAMI TRAIL			Ì	82 Stre	eet Addres:	s (P.O. Box Number is Not Acci	eptable)			
	TE 201			ļ.	83						
NAF	PLES FL 33940-6777			ļ					_		
				Ţ	84 City	/			FL	85 Zip	Code
office of agent 1	I to the provisions of Sections 60 registered agent, or both, in the am familiar with, and accept the	obligations of, Section	cnange was 607.0505, Fl	autnorized Iorida Statu	ites. Ites	corporation	is board of directors, I hereby I	восерт t	ne appoir	unent as	registered
SIGNATURE	Storiar no lived or ponted hand of moste	red agent and title it spokeable	(NO	TE Registered	Agent son	ature required y	when reinstating)		DAYE		
	Signarize typed or pointed name of registe OFFICER	red agent and title if applicable.	. (NO	TE: Registered	Agent sign	ature required s	when reinstating) ADDITIONS/CHANGES TO (DATE RS AND D	IRECTO	7S IN 12
12.		S AND DIRECTORS	(NO			ature required v	when reinstating) ADDITIONS/CHANGES TO (RS AND D	RECTO	
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4. I do 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 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 they profration or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 12 or Block 12 or on an attachment with an address.

SIGNATURE:

SAMUEL WOBSCHMAN

46,18

(941) 774- 7559