

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**May 02, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # P95000094110  
 1. Entity Name  
 FALLING WATERS BEACH RESORT RECREATIONS, INC.



Principal Place of Business      Mailing Address  
 2055 CASCADES DR.                      7200 DAVIS BLVD.  
 NAPLES, FL 34112                      NAPLES, FL 33962

**DO NOT WRITE IN THIS SPACE**



04282008    No Chg-P    CR2E034 (11/05)

4. FEI Number 65-0629973	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

SIESKY, JAMES H  
 1000 TAMiami TRAIL NORTH  
 SUITE 201  
 NAPLES, FL 33940

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating).

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

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

U00000942253  
 05/29/08-R0011-021 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OSTERHOUST, BRUCE 100 S. BEDFORD RD. MT. KISCO, NY 10549
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SALDARELLI, JOHN P 100 S. BEDFORD RD. MT. KISCO, NY 10549
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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      4/29/08      (914) 614-7000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #