FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #1. Corporation Name P95000094110 (0)

FALLING WATERS BEACH RESORT RECREATIONS, INC.

Principal Place of Business Mailing Address

FILED May 06 1998 8:00am Secretary of State



7200 DAVIS BLVD. NAPLES FL 33962			7200 DAVIS BLVD. NAPLES FL 33962						
, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	V002	7847 224	7 1 33302				DO NOT WRITE IN THIS	SPACE	
							3. Date Incorporated or Qualified		
							12/12/1995		
⊢ ≒	face of Business	_	2a. Mailing Address				4. FEI Number		pplied For
21		26					65-0629973		ot Applicable
Suite, Apt.	#, etc.	27 Suite	Suite, Apt. #, etc.				5. Certificate of Status Desired		Additional equired
City & State	8		City & State				6. Election Campaign Financing		May Be
23		28	28				Trust Fund Contribution		to Fees
Zip	Country Zip Co			Cour	ntry		8. This corporation owes or has paid the cu	irrent year In	tangible
24	25 29 30				Personal Property Tax due June 30. Yes No				
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent				
SIESKY, JAMES H					81 Name				
1000 TAMIAMI TRAIL NORTH				ŀ	82	Street A	ddress (P.O. Box Number is Not Acceptable)		_
SUITE 201				Į.					
NAPLES FL 33940			J	83				J	
				-	84	City		85 Zip	Code
						•	Fl	- `	l
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agont, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.									
SIGNATURE									
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered						nt aignature n	equired when reinstating) DATE		
12.		ND DIRECTORS	DELETE	13.			ADDITIONS/CHANGES TO OFFICERS AN		
TITLE	D		C) DELETE	1.1 TIT				Change	Addition
HUBSCHMAN, SAMUEL				1.2 NAME					
STREET ADDRESS	NIAS PA PL ASSA					ADORESS			
CITY - ST - ZIP TITLE	NAPLES FL 33982		DELETE	1.4 CIT		T-ZIP		Change	Addition
			C percie	2.1 TIT				L. Citaligo	Audition
NAME	HUBSCHMAN, HARRISON			2.2 NA	-				1
STREET ADDRESS	7200 DAVIS BLVD					ADDRESS.			1
CITY-ST-ZIP TITLE	NAPLES FL 33982		DELETE	2. 4 CT 3.1 TIT		IT-ZIP		Change	Addition
NAME	HUBSCHMAN, ALBERT							CT DIREING	Addition
STREET ADDRESS	7200 DAVIS BLVD			3.2 NA	•	ADDOCCO			
•	NAPLES FL 33982					ADDRESS			
CITY-ST-ZIP TITLE	INAPLES FL SS802		DELETE	3.4. CF 4.1 TIT		I-ZIP		Change	Addition
NAME	l		C OFFICE	4.2 NA		- 1			
STREET ADDRESS						ADDRESS			l
CITY-ST-ZIP TITLE			DELETE	4.4 CRT 5.1 TITI		1-211		Change	Addition
NAME				5.7 NA		1		- Criainge	
STREET ADDRESS						ADDRESS			ļ
í I				•		1			i
CITY-ST-ZIP TITLE			DELETE	5.4 CIT 6.1 TITI	-	1-214		Change	Addition
NAME				6.1 HI				— Anange	Addition
						*DDDCCC			1
STREET ADDRESS				*****		ADDRESS			
14. I hereby c	certify that the information supplied	with this filing d	of s not qualify to	6.4 CIT	1-\$1	i-zir tion staten	In Section 119.07(3)(i). Florida Statutes, I further of	ertify that the	information

indicated on this annual report or supplemental annual reports 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 trusted ampowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with a process.

SIGNATURE:

941-724-2557

4/28/98