

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

FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90163 050 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000094110

1. Corporation Name
FALLING WATERS BEACH RESORT RECREATIONS, INC.

Principal Place of Business 7200 DAVIS BLVD. NAPLES FL 33962	Mailing Address 7200 DAVIS BLVD. NAPLES FL 33962
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Country
24. Country	29. Zip
25. Country	30. Country

3. Date Incorporated or Qualified 12/12/1995	
4. FEI Number 65-0629973	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. City	85. Zip Code

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

12. OFFICERS AND DIRECTORS

TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	HUBSCHMAN, SAMUEL
STREET ADDRESS	7200 DAVIS BLVD
CITY-ST-ZIP	NAPLES FL 33962
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	HUBSCHMAN, HARRISON
STREET ADDRESS	7200 DAVIS BLVD
CITY-ST-ZIP	NAPLES FL 33962
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	HUBSCHMAN, ALBERT
STREET ADDRESS	7200 DAVIS BLVD
CITY-ST-ZIP	NAPLES FL 33962
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ALBO J. ANTENUCCI, JR.
1.3 STREET ADDRESS	100 S. BEDFORD RD.
1.4 CITY-ST-ZIP	MT. KISCO, NEW YORK 10549
2.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	GARY FRIEDLAND
2.3 STREET ADDRESS	100 S. BEDFORD RD.
2.4 CITY-ST-ZIP	MT KISCO, NEW YORK 10549
3.1 TITLE	D <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	RONALD L. YUTER
3.3 STREET ADDRESS	7200 DAVIS BLVD.
3.4 CITY-ST-ZIP	NAPLES, FL. 34104
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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 or supplemental 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 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY FRIEDLAND Date: 4/27/99 Daytime Phone #: (914) 241-9000

CR2E034 (1/98)