

# 2004 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 SEP 24 AM 8:00

DOCUMENT # N96000004857

1. Entity Name  
FALLING WATERS NORTH PRESERVE, INC.



Principal Place of Business Mailing Address

c/o The Warner Corporation c/o The Warner Corporation  
886 110<sup>th</sup> Avenue North # 7 886 110<sup>th</sup> Avenue North # 7  
Naples, Florida 34108 Naples, Florida 34108

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



06292004 Chg-NP CR2E037 (10/03) MRS

4. FEI Number 59-3535169 Applied For Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

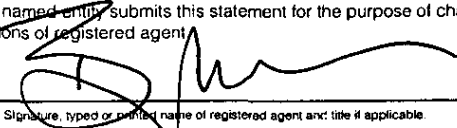
6. Name and Address of Current Registered Agent

\*SAMOUCÉ, ROBERT  
SAMOUCÉ, MURRELL & FRANCOEUR  
800 LAUREL OAK DR #300  
NAPLES, FL 34108

7. Name and Address of New Registered Agent

Name BRYAN WARNE R  
Street Address (P.O. Box Number is Not Acceptable)  
886 110<sup>th</sup> AVENUE N. # 7  
City NAPLES FL Zip Code 34108

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 7/2/04

(NOTE: Registered Agent signature required when reinstating)

Amended AR is \$61.25

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

Make check payable to Florida Department of State

| 10. OFFICERS AND DIRECTORS                     |                                                                                                    | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |                                                                                                                                                                 |
|------------------------------------------------|----------------------------------------------------------------------------------------------------|-------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>NORLIN, DORCUS<br>14560 RED FOX RUN<br>NAPLES, FL <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | President<br>Sal DiMare<br>14565 Red Fox Run #7<br>Naples, FL 34110 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | Vice President<br>Fredrick Pillot<br>14560 Red Fox Run #4<br>Naples, Florida 34110 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | Treasurer<br>Jodie Heussner<br>14515 Grey Fox Run #17<br>Naples, FL 34110 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                               |

12. 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 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE:  DATE 7/2/2004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR