2005 NOT-FOR-PROFIT CORPORATION

Secretary of State ANNUAL REPORT 05-03-2005 90069 048 ****61.25 DOCUMENT # N96000004857 FALLING WATERS NORTH PRESERVE, INC. Mailing Address Principal Place of Business % THE WARNER CORPORATION % THE WARNER CORPORATION 886 110TH AVENUE NORTH #7 886 110TH AVENUE NORTH #7 NAPLES, FL 34108 NAPLES, FL 34108 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 04272005 Chg-NP CR2E037 (10/03) City & State City & State 4. FEI Number 59-3535169 Applied For Not Applicable 7in Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WARNER, BRYAN 886 110TH AVENUE N Street Address (P.O. Box Number is Not Acceptable) NAPLES, FL 34108 City Zip Code 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$61.25 9. Election Campaign Financing Make check payable to **\$5.00** May Be Due by May 1, 2005 Trust Fund Contribution. Florida Department of State Added to Fees OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE **Delete** TITLE ☐ Chance DIMARE, SAL NAME STREET ADDRESS 14565 RED FOX RUN #7 STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34110 CITY-ST-ZIP VΡ TITLE Delete TITLE ☐ Change ☐ Addition PILLOT, FREDRICK NAME NAME STREET ADDRESS 14560 RED FOX RUN #4 STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34110 CITY-ST-ZIP TITLE TITLE ✓ Delete ☐ Change ☐ Addition NAME HEUSSNER, JODIE NAME 14515 GREY FOX RUN #17 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34110 CITY-ST-7IP TITLE Delete TITLE Jern Tober Fox Run \$ ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS laples FL 34110 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

FILED

May 03, 2005 8:00 am

Addition

☐ Change

12. Thereby 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 it made under oath; that I am an officer or director of the corporation or the execute for a state empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if of the corporation or the received changed, or on an attachment with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: