2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 16, 2008 8:00 am Secretary of State

DOCUMENT # N9600004857 1. Entity Name FALLING WATERS NORTH PRESERVE, INC.				04-16-2008 90037 00	09 ****61.25	
PLATINUM P	e of Business Roperty Management Er Center Way Suite 102 34110	Mailing Address C/O PROFESSIONAL-COM POB 110156 NAPLES, FL-34108	MUNITY SRVS	I KARINIRA RIKA IRINA KUMI KAMIN BAMIN BRINI BRINI BRINI BRINI BRINI		
2. Principal F	Place of Business - No P.O. Box #	3. Mailing Address PLATINUM PRO	PERTY O	76M7	8(55) (614) 11111 (88)(3) 10 (6)	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 10/6 COLLIER CENTER WAY, # 103		# 10.2 02222008 Chg-NP CR2E	037 (12/06)	
City & State		City & State NAPLES FL		4. FEI Number 59-3535169	Applied For Not Applicable	
Zip	Country	34110	Country ひらみ	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
·	6. Name and Address of Current	Registered Agent	Name	7. Name and Address of New Registere	d Agent	
	M PROPERTY MANAGEMENT LIER CENTER WAY, STE. #10 FL 34110		Street Address (P.O. Box Number is Not Acceptable)			
			City	F	L 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 FRAME BONACCI - PRINCIPAL Signature, typed or printed name of registered agent and title II applicable. (NOTE: Registered Agent signature required when reinstating) DATE						
Filing Fee is \$61.25 Due by May 1, 2008 9. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution. Added to Fees Make check payable to Forda Department of State						
10.	OFFICERS AND DIF		11.	ADDITIONS/CHANGES TO OFFICERS AND		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	HEUSSNER, JODY 14 PLATT ST 2 NORWALK, CT 06855	☐ Detete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	HEUSSNER, JODY 14 PLATT ST. 2 NORWALK, CY 06855	Change	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TOBER, JERRY 14515 GREY FOX RUN, # 4 NAPLES, FL 34110	Delete	STREET ADDRESS	D STORK, DAVID 14565 RED FOX RUN, HIY NAPLES, FL 34110	☐ Change ☑ Addition	
TITLE NAME STREET ADORESS CITY-ST-ZIP	DVP THOMAS, MYERS 665 14TH AVE NW NAPLES, FL 34102	. Delcts	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS RAFTER, CAROL 14550 RED FOX RUN 1 NAPLES, FL 34110	S Delete	NAME STREET ADDRESS	NP JOYCE, HAROLD 3808 CLO BROWNSBORD HILL LOVISVILLE, KY 40241	□ Change ☑ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP IANNUZZI, JOEL 93 GREEN MEADOWS RD MANCHESTER CENTER, VT 05	☐ Delete	NAME STREET ADDRESS	PD JANNUZZI, JOEC 93 GREEN MEADOUS PD MANCHESTER CENTER, VT	Change Addition	
TITLE NAME	MAS WHITE, WILLIAM D	Delete	TITLE NAME	, , , , , , , , , , , , , , , , , , , ,	☐ Change ☐ Addition	

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 617, 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR