2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2003 8:00 am
Secretary of State
04-03-2003 90160 032 ****61.25

DOCUMENT # N96000004857

1. Entity Name
FALLING WATERS NORTH PRESERVE, INC.

Principal Place of Business	Mailing Address
2310 DELLDR NAPLES FL 34117	P.O. BOX 110156 NAPLES FL 34108 US

2. Principal Place of Business	3. Mailing Address
c/o Integrated Property Mgmt.	c/o Integrated Property Mgmt.
Suite, Apt. #, etc. 3435 -10th Street N., #201	Suite, Apt. #, etc. 3435 - 10th Street N., #201
City & State Naples, FL	City & State Naples, FL
Zip 34103 Country	Zip 34103 Country

FALLING WATERS NORTH PRESERVE, INC. N96000004857

☐ CHECK HERE IF MAKING CHANGES

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	7. Name and Address of New Registered Agent
~~WHITE, WILLIAM D~~ ~~2310 DELLA DR~~ ~~NAPLES FL 34117~~ P.O. BOX 110156 NAPLES FL 34108 US	Name: Robert Samouce Street Address (P.O. Box Number is Not Acceptable): Samouce, Murrell & Francoeur 800 Laurel Oak Dr., #300 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 Robert Samouce 3/31/03
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE 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	P/D	☐ Delete	TITLE	V/T/D	☒ Change ☐ Addition
NAME	GAMMELL, JIM		NAME	Gammell, Jim	
STREET ADDRESS	14540 RED FOX RUN #1		STREET ADDRESS	14540 Red Fox Run	
CITY-ST-ZIP	NAPLES FL 34104		CITY-ST-ZIP	Naples, FL	
TITLE	VD	☒ Delete	TITLE	P/D	☐ Change ☒ Addition
NAME	GUYDOSIK, GENE		NAME	Simonian, Gladys	
STREET ADDRESS	14550 RED FOX RUN #1		STREET ADDRESS	14550 Red Fox Run	
CITY-ST-ZIP	NAPLES FL 34104		CITY-ST-ZIP	Naples, FL	
TITLE	TD	☒ Delete	TITLE	S/D	☐ Change ☒ Addition
NAME	MADSEN, MERONICA		NAME	Norlin, Dorcus	
STREET ADDRESS	14540 RED FOX RUN #1		STREET ADDRESS	14560 Red Fox Run	
CITY-ST-ZIP	NAPLES FL 34110		CITY-ST-ZIP	Naples, FL	
TITLE	SM	☒ Delete	TITLE	AS	☐ Change ☒ Addition
NAME	WHITE, WILLIAM D		NAME	Sliwa, David	
STREET ADDRESS	2310 DELLA DR		STREET ADDRESS	3435 - 10th Street N., #201	
CITY-ST-ZIP	NAPLES FL 34108-0103		CITY-ST-ZIP	Naples, FL 34103	
TITLE	14540 RED FOX RUN #1	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	NAPLES FL 34104		NAME		
STREET ADDRESS	VD		STREET ADDRESS		
CITY-ST-ZIP	GUYDOSIK, GENE		CITY-ST-ZIP		
TITLE	14550 RED FOX RUN #1	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	NAPLES FL 34104		NAME		
STREET ADDRESS	TD		STREET ADDRESS		
CITY-ST-ZIP	MADSEN, MERONICA		CITY-ST-ZIP		

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 an attachment with an address, with all other like empowered.

SIGNATURE WHITE, WILLIAM D SIGNATURE REQUIRED E. Simonian 3-26-03 239-593-6295

CR2E037 (10/02)