

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 30, 2004 8:00 am**  
**Secretary of State**

03-30-2004 90007 039 \*\*\*150.00

**DOCUMENT # L37611**

1. Entity Name  
**FALLING WATERS RECREATIONS, INC.**



Principal Place of Business  
**7200 DAVIS BLVD.  
NAPLES, FL 33962 US**

Mailing Address  
**7200 DAVIS BLVD.  
NAPLES, FL 33962 US**

**94039552**



03102004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

|                                                           |                                          |
|-----------------------------------------------------------|------------------------------------------|
| 4. FEI Number<br><b>65-0162052</b>                        | Applied For<br>Not Applicable            |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional<br>Fee Required |

**6. Name and Address of Current Registered Agent**

**SIESKY, JAMES H.  
1000 NO. TAMiami TRAIL  
SUITE 201  
NAPLES, FL 33940-6777**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when registering) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

|                                                |                                                                                                          |
|------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DP<br><del>ANTENUCCI, ALBO JR</del> <b>William A. Burke</b><br>100 S. BEDFORD RD.<br>MT. KISCO, NY 10549 |
|------------------------------------------------|----------------------------------------------------------------------------------------------------------|

|                                                |                                                                                                            |
|------------------------------------------------|------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | NSD T<br><del>FRIEDLAND, GARY</del> <b>John P. Saldarelli</b><br>100 S. BEDFORD RD.<br>MT. KISCO, NY 10549 |
|------------------------------------------------|------------------------------------------------------------------------------------------------------------|

|                                                |                                                                     |
|------------------------------------------------|---------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br><b>MALOOLY, PATRICK</b><br>7200 DAVIS BLVD<br>NAPLES, FL 34104 |
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|                                                |  |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
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**DO NOT WRITE  
IN THIS SPACE**

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 607, 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

**3/17/04 (914) 242-7700**