2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2006 08:00 AM
Secretary of State

DOCUMENT # L37611

1. Entity Name
FALLING WATERS RECREATIONS, INC.

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

02012006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0162052
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional 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 _____ DATE
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent's signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

10.	OFFICERS AND DIRECTORS
TITLE	DP
NAME	BURKE, WILLIAM A
STREET ADDRESS	100 S BEDFORD RD.
CITY-ST-ZIP	MT. KISCO, NY 10549
TITLE	VSDT
NAME	SALDARELLI, JOHN P
STREET ADDRESS	100 S. BEDFORD RD.
CITY-ST-ZIP	MT. KISCO, NY 10549
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000424658
02/18/06-80060-014 150.00

DO NOT WRITE IN THIS SPACE

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 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: John P. Saldarelli JOHN SALDARELLI, TREASURER 2/1/06 914-241-9000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #