

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N35749

FILED
Apr 26, 2006
Secretary of State

Entity Name: FALLING WATERS I, INC.

Current Principal Place of Business:

2202 HIDDEN LAKE DRIVE
NAPLES, FL 34112 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 9709
NAPLES, FL 34101 US

New Mailing Address:

FEI Number: 65-0161654

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, STEPHEN P
COLLIER FINANCIAL INC
4985 E TAMiami TR
NAPLES, FL 34113 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: VOKOVICH, GENESTA
Address: 30 BLUE LANTERN DR
City-St-Zip: SALEM, OH 44460

Title: PD () Delete
Name: LEE, THOMAS
Address: 2202 HIDDEN LAKE DR APT #7
City-St-Zip: NAPLES, FL 34112

Title: DST () Delete
Name: MURPHY, LOIS
Address: 2202 HIDDEN LAKE DR., #9
City-St-Zip: NAPLES, FL 34112

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TOM LEE

PD

04/26/2006

Electronic Signature of Signing Officer or Director

Date