

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N35749

FILED  
Apr 16, 2007  
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:

COLLIER FINANCIAL, INC.  
4985 TAMiami TRAIL E.  
NAPLES, FL 34113 US

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: DST (X) Change ( ) Addition  
Name: BURNS, EDWIN  
Address: 2462 HIDDEN LAKE DR, UNIT #7  
City-St-Zip: NAPLES, FL 34112

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

04/16/2007

Electronic Signature of Signing Officer or Director

Date