2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008
Secretary of State

DOCUMENT# N35750

Entity Name: FALLING WATERS II, INC.

Current Principal Place of Business:

2250 HIDDEN LAKE DR
NAPLES, FL 34112 US

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-0161656 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HART, STEPHEN P.
4985 EAST TAMIAMI TRAIL
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: D ( ) Delete
Name: RUNSTEDLER, PAUL
Address: 2348 HIDDEN LAKE DR, #7
City-St-Zip: NAPLES, FL 34112

Title: D ( ) Delete
Name: MAC GREGOR, NEIL
Address: 2396 HIDDEN LAKE DR, #3
City-St-Zip: NAPLES, FL 34112

Title: PD ( ) Delete
Name: BOYLE, TIM
Address: 2274 HIDDEN LAKE DR #9
City-St-Zip: NAPLES, FL 34112

Title: VD ( ) Delete
Name: WADE, ROBERT
Address: 2324 HIDDEN LK DR. 1
City-St-Zip: NAPLES, FL 34112

Title: TSD ( ) Delete
Name: REGAL, BEVERLY
Address: 2348 HIDDEN LAKE DR, #1
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:

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 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: TIM BOYLE PD 04/28/2008

Electronic Signature of Signing Officer or Director — Date