

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N35750

FILED  
Apr 17, 2009  
Secretary of State

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 (X) 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

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## 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:

Title: D ( ) Change (X) Addition  
Name: BETZOLD, MICKIE  
Address: 2274 HIDDEN LAKE DR#7  
City-St-Zip: NAPLES, FL 34112

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

04/17/2009

Electronic Signature of Signing Officer or Director

Date