2004 NOT-FOR-PROFIT CORPORATION May 10, 2004 08:00 AM Socretary of State

FILED

DOCUMENT # N41842 1. Entity Name FALLING WATERS MASTER ASSOCIATION, INC.						Secre	tary oi Sta	
Principal Place of Business 7200 DAVIS BLVD. NAPLES, FL 33962 Mailing Address 7200 DAVIS BLVD. NAPLES, FL 33962 NAPLES, FL 33962								•
2. Principal I	Place of Business	3. Mailing Address	failing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04222004 CI	hg-NP	CR2E037 (10/03)		
City & State		City & State			4. FEI Number 65-031804	3		oplied For ot Applicable
Zip	Country	Zip	Count	ry	5. Certificate of St		\$8.75 Add	iltional
Name and Address of Current Registered Agent			, 		7. Name and Address of New Registered Agent			
SIESKY, JAMES H.				Name				
1000 NO. TAMIAMI TRAIL, STE. 201 NAPLES, FL 33940				Street Address (P.O. Box Number is Not Acceptable)				
								
The above named entity submits this statement for the purpose of changing its register			*	City	FL Zip Code			
SIGNATURE							DATE	
	Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees		fake check payable to rida Department of Si	
10.	OFFICERS AND DII	RECTORS Delete	11.		ADDITIONS/CHANG	ES TO OFFICE	RS AND DIRECTORS IN	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MALOOLY, PATRICK TREET ADDRESS 7200 DAVIS BLVD.		TITLE NAME STREET ADDRESS CITY-SI-ZIP		U00000159065 05/10/04-80015-003 61.25			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDT FRIEDLAND, GARY 7200 DAVIS BLVD. NAPLES, FL 34104	☐ Delete	Title NAME STREET ADDRESS CNY-ST-ZIP				Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Celete CAPPELLO, HENRY 2338 MAGNOLA LANE NAPLES, FL		TITLE NAME STREET A CITY-ST-	- 1			☐ Change	☐ Addition
TITLE HAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET A CITY-ST-	ŀ		_	☐ Ghange	☐ Addilion
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MA. SII		TITLE MAME STREET A CITY-ST	1			☐ Change	Addition
NAME STREET ADDRESS GTY-ST-ZIP	certily that the information supplied with	Delete	TITLE NAME SIREET A CITY-SI-	žiP	gaine 110 AT/Still Fle	id Con A	☐ Change	Addition

indicated on this report of supplemental report is true and accurate and that my signature shall have the same legal effect as if made under cath, 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 in Block 10 or Block 111 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR