


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2007 8:00 am
Secretary of State

03-26-2007 90063 007 ****61.25

DOCUMENT # N41842	
1. Entity Name FALLING WATERS MASTER ASSOCIATION, INC.	

Principal Place of Business 7200 DAVIS BLVD. NAPLES, FL 34104	Mailing Address 7200 DAVIS BLVD. NAPLES, FL 34104
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2. Principal Place of Business - No P.O. Box # 2220 Sand C Blvd	3. Mailing Address 2220 Sand C Blvd
Suite, Apt. #, etc. Suite 1	Suite, Apt. #, etc. Suite 1
City & State Naples, FL	City & State Naples, FL
Zip 34109	Country USA

6. Name and Address of Current Registered Agent MARLER, GREGORY W ESQ. BECKER & POLIAKOFF, P.A. 4501 TAMiami TRAIL NORTH, SUITE 214 NAPLES, FL 34103	
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01172007 Chg-NP CR2E037 (12/06)

4. FEI Number 65-0318043	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

7. Name and Address of New Registered Agent	
Name C&L Management Services	
Street Address (P.O. Box Number is Not Acceptable) 2220 Sand C Blvd	
City Naples	FL Zip Code 34109

8. 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. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE Robert P Titus	Managing agent DATE

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE P	<input checked="" type="checkbox"/> Delete	TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WINCHESTER, JAMES		NAME McCabe, Ray	
STREET ADDRESS 2344 MAGNOLIA LN		STREET ADDRESS 2338 Magnolia Lane	
CITY-ST-ZIP NAPLES, FL 34112		CITY-ST-ZIP NAPLES, FL 34112	
TITLE VP	<input checked="" type="checkbox"/> Delete	TITLE VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JENKINS, ROBERT		NAME Belsito, Gino	
STREET ADDRESS 2383 HIDDEN LAKE DR		STREET ADDRESS 2375 Bayou Lane	
CITY-ST-ZIP NAPLES, FL 34112		CITY-ST-ZIP Naples, FL 34112	
TITLE T	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HINKLEY, JOSEPH		NAME	
STREET ADDRESS 1705 WINDY PINES DR		STREET ADDRESS	
CITY-ST-ZIP NAPLES, FL 34112		CITY-ST-ZIP	
TITLE S	<input checked="" type="checkbox"/> Delete	TITLE S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ZALECKI, ROSE		NAME Boyle, Tim	
STREET ADDRESS 2324 HIDDEN LAKE DR		STREET ADDRESS 2274 Hidden Lake Drive	
CITY-ST-ZIP NAPLES, FL 34112		CITY-ST-ZIP NAPLES, FL 34112	
TITLE D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LEE, THOMAS		NAME	
STREET ADDRESS 2202 HIDDEN LAKE DR		STREET ADDRESS	
CITY-ST-ZIP NAPLES, FL 34112		CITY-ST-ZIP	
TITLE D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BELSITO, GENE		NAME	
STREET ADDRESS 2375 BAYOU LANE		STREET ADDRESS	
CITY-ST-ZIP NAPLES, FL 34112		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE: Robert Titus	Date 3/26/07 (239) 596-1886