

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41842

FILED  
Jan 28, 2009  
Secretary of State

**Entity Name:** FALLING WATERS MASTER ASSOCIATION, INC.

**Current Principal Place of Business:**

2220 J AND C BLVD  
SUITE 1  
NAPLES, FL 34109

**New Principal Place of Business:**

**Current Mailing Address:**

2220 J AND C BLVD  
SUITE 1  
NAPLES, FL 34109

**New Mailing Address:**

**FEI Number:** 65-0318043

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

C&L MANAGEMENT SERVICES  
2220 J AND C BLVD  
NAPLES, FL 34109 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: P ( ) Delete  
Name: MACABE, RAY  
Address: 2338 MAGNOLIA LANE  
City-St-Zip: NAPLES, FL 34112

Title: S ( ) Delete  
Name: BOYLE, TIM  
Address: 2274 HIDDEN LAKE DRIVE  
City-St-Zip: NAPLES, FL 34112

Title: T ( ) Delete  
Name: SMITH, JERRY  
Address: 2329 HIDDEN LAKE DRIVE  
City-St-Zip: NAPLES, FL 34112

Title: VP ( ) Delete  
Name: MEYER, KEN  
Address: 2365 BAYOU LANE  
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:

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: RAYMOND MCCABE

P

01/28/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date