

**NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 02, 2008 8:00 am
Secretary of State

06-02-2008 90003 028 ****61.25

DOCUMENT # <u>N47954</u>	
1. Entity Name <u>ROSEWOOD of Falling Waters</u>	

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40107023

CR2E037B (5/07)

2. Principal Place of Business - No P.O. Box # <u>4610 Chantelle DR</u>		3. Mailing Address	
Suite, Apt. #, etc. <u>P 204</u>		Suite, Apt. #, etc.	
City & State <u>NAPLES FL</u>		City & State	
Zip <u>34112</u>	Country <u>USA</u>	Zip	Country

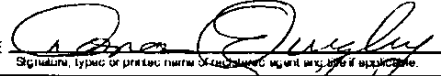
4. FEI Number <u>65-0330645</u>	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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7. Name and Address of Current Registered Agent	
Name <u>TURNING POINT Property Management LLC</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>4610 Chantelle DR</u>	
<u>P 204</u>	
City <u>NAPLES</u>	FL Zip Code <u>34112</u>

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.

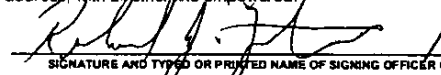
SIGNATURE 	DATE <u>5/27/08</u>
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FEE IS \$61.25 Initial or Amended AR	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE <u>PRESIDENT</u>	NAME <u>PAUL ALEXANDER</u>
STREET ADDRESS <u>2405 HIDDEN LAKE DR #3</u>	
CITY-ST-ZIP <u>NAPLES FL 34112</u>	
TITLE <u>VICE PRESIDENT / TREASURER</u>	NAME <u>RICHARD ZITANI</u>
STREET ADDRESS <u>1650 WINDY PINES DR #1</u>	
CITY-ST-ZIP <u>NAPLES FL 34112</u>	
TITLE <u>SECRETARY</u>	NAME <u>ROSEMARIE PELLEGRINO</u>
STREET ADDRESS <u>1615 WINDY PINES DR #6</u>	
CITY-ST-ZIP <u>NAPLES FL 34112</u>	
TITLE <u>DIRECTOR</u>	NAME <u>JOYCE JAKUBOWSKI</u>
STREET ADDRESS <u>1705 WINDY PINES DR #7</u>	
CITY-ST-ZIP <u>NAPLES FL 34106</u>	
TITLE <u>DIRECTOR</u>	NAME <u>GERALD STEELE</u>
STREET ADDRESS <u>1645 WINDY PINES DR #7</u>	
CITY-ST-ZIP <u>NAPLES FL 34112</u>	
TITLE	NAME
STREET ADDRESS	
CITY-ST-ZIP	

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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 on an attachment with an address with all other like empowered.

SIGNATURE: 	DATE <u>5-27-08</u>
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