NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 02, 2008 8:00 am
Secretary of State
06-02-2008 90003 028 ****61.25

DOCUMENT # N47954

1. Entity Name
Rosewood of Falling Waters

40107023

CR2E037B (5/07)

DO NOT WRITE IN THIS SPACE

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

4. FEI Number: 65-0330645 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: Turning Point Propert Management LLC
Street Address (P.O. Box Number is Not Acceptable): 4610 Chantelle DR
P 204
City: Naples FL Zip Code: 34112

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: Dona Quigley — Dona Quigley — 5/27/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

10. OFFICERS AND DIRECTORS

TITLE	PRESIDENT
NAME	PAUL ALEXANDER
STREET ADDRESS	2405 Hidden Lake DR #3
CITY-ST-ZIP	NAPLES FL 34112
TITLE	VICE PRESIDENT / TREASURER
NAME	Richard ZITANI
STREET ADDRESS	1650 Windy Pines DR #1
CITY-ST-ZIP	NAPLES FL 34112
TITLE	SECRETARY
NAME	ROSEMARIE PELLEGRINO
STREET ADDRESS	1615 Windy Pines DR #6
CITY-ST-ZIP	NAPLES FL 34112
TITLE	DIRECTOR
NAME	JOYCE JAKUBOWSKI
STREET ADDRESS	1705 Windy Pines DR #7
CITY-ST-ZIP	NAPLES FL 34106
TITLE	DIRECTOR
NAME	Gerald Steele
STREET ADDRESS	1645 Windy Pines DR #7
CITY-ST-ZIP	NAPLES FL 34112
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Richard J. Zitani — RICHARD J. ZITANI — 5-27-08 — V.P.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #