

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # N93000003841



1. Entity Name  
CASCADES OF FALLING WATERS, INC.

Principal Place of Business  
C/O RESOA MANAGEMENT  
2685 HORSESHOE DR S., 3215  
NAPLES, FL 34104

Mailing Address  
C/O RESOA MANAGEMENT  
2685 HORSESHOE DR S., 3215  
NAPLES, FL 34104

2. Principal Place of Business - No P.O. Box #  
C/o Resort Management

3. Mailing Address  
C/o Resort Management

Suite, Apt. #, etc.  
2685 Horseshoe Dr. S. #215

Suite, Apt. #, etc.  
2685 Horseshoe Dr. S. #215

City & State  
Naples, FL

City & State  
Naples, FL

Zip 34104 Country Collier

Zip 34104 Country Collier

6. Name and Address of Current Registered Agent

TMANY, KENNETH K  
1972 CASCADES DR  
#11  
NAPLES, FL 34112

Name Geoffrey Hobson

Street Address (P.O. Box Number is Not Acceptable)

2100 Cascades Dr. #11

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

*G. Hobson G.W. Hobson*

(NOTE Registered Agent signature required when reinstating)

04/10/2008

DATE

Filing Fee is \$61.25  
Due by May 1, 2008

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BAKER, GEORGE 1972 CASCADES DR #1 NAPLES, FL 34112	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Krawchuk, James 2668 Cascades Drive #10 Naples, FL 34112	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SULLIVAN, MARGARET 1972 CASCADES DR # 7 NAPLES, FL 34112	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST Hobson, Geoffrey 2100 Cascades Drive #11 Naples, FL 34112	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPT VALIS, TERRY 1941 CASCADES DR #10 NAPLES, FL 34112	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Killions, Barbara 1972 Cascades Drive #5 Naples, FL 34112	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COHEN, EDWARD 2004 CASCADES DR #5 NAPLES, FL 34112	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

*G. Hobson G.W. Hobson Sec/Treas. 04/10/2008*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #