

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90234 028 ****61.25

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 Suite, Apt. #, etc. 2685 Horseshoe Dr S #215 City & State Naples, FL Zip 34104 Country Collier		3. Mailing Address C/O Resort Management Suite, Apt. #, etc. 2685 Horseshoe Dr S #215 City & State Naples, FL Zip 34104 Country Collier	
4. FEI Number 65-0449831		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FOMANY, KENNETH K 1972 CASCADES DR #11 NAPLES, FL 34112		7. Name and Address of New Registered Agent 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 <u>G. W. Hobson</u> <u>Sec/Treas.</u>		DATE <u>04/10/2008</u>	
Filing Fee is \$61.25 Due by May 1, 2008		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			
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	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Krawchuk, James 2068 Cascades Drive #10 Naples, FL 34112
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SULLIVAN, MARGARET 1972 CASCADES DR #7 NAPLES, FL 34112	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST Hobson, Geoffrey 2100 Cascades Drive #11 Naples, FL 34112
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPT VALIS, TERRY 1941 CASCADES DR #10 NAPLES, FL 34112	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Williams, Barbara 1972 Cascades Drive #5 Naples, FL 34112
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COHEN, EDWARD 2004 CASCADES DR #5 NAPLES, FL 34112	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS 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: <u>G. W. Hobson</u> <u>Sec/Treas.</u>		DATE <u>04/10/2008</u>	