2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2009
Secretary of State

DOCUMENT# N93000003841

Entity Name: CASCADES OF FALLING WATERS, INC.

Current Principal Place of Business:

C/O RESORT MGMT.
2685 HORSESHOE DRIVE. S. #215
NAPLES, FL 34104

New Principal Place of Business:

Current Mailing Address:

C/O RESORT MGMT.
2685 HORSESHOE DRIVE. S. #215
NAPLES, FL 34104

New Mailing Address:

FEI Number: 65-0449831 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HOBSON, GEOFFERY
2100 CASCADES DRIVE #11
NAPLES, FL 34112 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: DP ( ) Delete
Name: BAKER, GEORGE
Address: 1972 CASCADES DR #1
City-St-Zip: NAPLES, FL 34112

Title: ST ( ) Delete
Name: HOBSON, GEOFFERY
Address: 2100 CASCADAS DRIVE #11
City-St-Zip: NAPLES, FL 34112

Title: D ( ) Delete
Name: WILLIAMS, BARBARA
Address: 1972 CASCADAS DRIVE #5
City-St-Zip: NAPLES, FL 34112

Title: VP ( ) Delete
Name: COHEN, EDWARD
Address: 2004 CASCADES DR #5
City-St-Zip: NAPLES, FL 34112

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPT (X) Change ( ) Addition
Name: VALIS, TERRY
Address: 21F SHADOWBROOK LANE
City-St-Zip: SMITHFIELD, RI 02917

Title: P (X) Change ( ) Addition
Name: HOBSON, GEOFFERY
Address: 2100 CASCADAS DRIVE #11
City-St-Zip: NAPLES, FL 34112

Title: D (X) Change ( ) Addition
Name: KRAWCHUK, JAMES
Address: 20 E. ELM #17D
City-St-Zip: CHICAGO, IL 60611

Title: D (X) Change ( ) Addition
Name: TURNER, TED
Address: 2100 CASCADES DR #7
City-St-Zip: NAPLES, FL 34112

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: GEOFFREY HOBSON P 04/14/2009

Electronic Signature of Signing Officer or Director — Date