2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003841

FILED Mar 30, 2011 Secretary of State

Entity Name: CASCADES OF FALLING WATERS, INC.

Current Principal Place of Business: New Principal Place of Business:

C/O RESORT MGMT. SANDCASTLE MANAGEMENT 2685 HORSESHOE DRIVE. S. #215 SANDCASTLE MANAGEMENT 1719 TRADE CENTER WAY #4

NAPLES, FL 34104 NAPLES, FL 34109

Current Mailing Address: New Mailing Address:

C/O RESORT MGMT. SANDCASTLE MANAGEMENT 2685 HORSESHOE DRIVE. S. #215 SANDCASTLE MANAGEMENT 1719 TRADE CENTER WAY #4

NAPLES, FL 34104 NAPLES, FL 34109

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HOBSON, GEOFFERY
2100 CASCADES DRIVE #11
NAPLES, FL 34112 US
LUTZ, VERNA
1719 TRADE CENTER WAY #4
NAPLES, FL 34109 US

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: VERNA LUTZ 03/30/2011

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: VPD

Name: VALIS, TERRY

Address: 1719 TRADE CENTER WAY #4

City-St-Zip: NAPLES, FL 34109

Title: PTD

Name: HOBSON, GEOFFERY
Address: 1719 TRADE CENTER WAY #4

City-St-Zip: NAPLES, FL 34109

Title:

Name: GREGERSON, JACQUELINE Address: 1719 TRADE CENTER WAY #4

City-St-Zip: NAPLES, FL 34109

Title: SD

Name: COHEN, LOYOLA

Address: 1719 TRADE CENTER WAY #4

City-St-Zip: NAPLES, FL 34109

I hereby 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 all other like empowered.

SIGNATURE: GEOFFERY HOBSON PD 03/30/2011