

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004104

FILED
Feb 26, 2009
Secretary of State

Entity Name: FALLING WATERS BEACH RESORT III, INC.

Current Principal Place of Business:

802 ANCHOR RODE DRIVE
NAPLES, FL 34103 US

New Principal Place of Business:

2335 TAMIAMI TRAIL NORTH
SUITE 402
NAPLES, FL 34103 US

Current Mailing Address:

802 ANCHOR RODE DRIVE
NAPLES, FL 34103 US

New Mailing Address:

2335 TAMIAMI TRAIL NORTH
SUITE 402
NAPLES, FL 34103 US

FEI Number: 65-0685054

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PARIDSE PROPERTY MANAGEMENT
802 ANCHOR RODE DRIVE
NAPLES, FL 34103 US

Name and Address of New Registered Agent:

CAMBRIDGE MANAGEMENT OF SW FL INC
2335 TAMIAMI TRAIL NORTH
SUITE 402
NAPLES, FL 34103 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: JAMES MEADE

02/26/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: TROFINO, DIANA
Address: 6710 BEACH RESORT DRIVE # 02
City-St-Zip: NAPLES, FL 34114 US

Title: DVP () Delete
Name: ZIEHL, WARREN
Address: 6740 BEACH RESORT DRIVE # 04
City-St-Zip: NAPLES, FL 34114 US

Title: DT () Delete
Name: BUSHYER, JAMES
Address: 6710 BEACH RESORT DRIVE # 14
City-St-Zip: NAPLES, FL 34114 US

Title: DS () Delete
Name: SPINE, ANTHONY
Address: 6730 BEACH RESORT DRIVE # 14
City-St-Zip: NAPLES, FL 34114 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: DIANA TROFINO

DP

02/26/2009

Electronic Signature of Signing Officer or Director

Date