

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004104

FILED  
Apr 06, 2010  
Secretary of State

**Entity Name:** FALLING WATERS BEACH RESORT III, INC.

**Current Principal Place of Business:**

2335 TAMIAMI TRAIL NORTH  
SUITE 402  
NAPLES, FL 34103 US

**New Principal Place of Business:**

**Current Mailing Address:**

2335 TAMIAMI TRAIL NORTH  
SUITE 402  
NAPLES, FL 34103 US

**New Mailing Address:**

**FEI Number:** 65-0685054

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CAMBRIDGE MANAGEMENT OF SW FL INC  
2335 TAMIAMI TRAIL NORTH  
SUITE 402  
NAPLES, FL 34103 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  
Name: TROFINO, DIANA  
Address: 6710 BEACH RESORT DRIVE # 02  
City-St-Zip: NAPLES, FL 34114 US

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

Title: DT  
Name: RIFINO, ROSEANNE  
Address: 6770 BEACH RESORT DRIVE # 7  
City-St-Zip: NAPLES, FL 34114 US

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

Title: D  
Name: MILLER, JAMES D  
Address: 6730 BEACH RESORT DRIVE #2  
City-St-Zip: NAPLES, FL 34114 US

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: DIANA TROFINO

P

04/06/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date