# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 16, 2008 8:00 am**
**Secretary of State**
04-16-2008 90037 009 ****61.25

DOCUMENT # N96000004857

1. Entity Name
FALLING WATERS NORTH PRESERVE, INC.

60024918

| Principal Place of Business | Mailing Address |
|---|---|
| PLATINUM PROPERTY MANAGEMENT<br>1016 COLLIER CENTER WAY SUITE 102<br>NAPLES, FL 34110 | ~~C/O PROFESSIONAL COMMUNITY SRVS~~<br>~~POB 110156~~<br>~~NAPLES, FL 34108~~ |

02222008 Chg-NP CR2E037 (12/06)

| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | PLATINUM PROPERTY MGMT<br>Suite, Apt. #, etc.<br>1016 COLLIER CENTER WAY, #102 |
| City & State | City & State<br>NAPLES, FL |
| Zip / Country | Zip 34110 / Country USA |

4. FEI Number 59-3535169 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| PLATINUM PROPERTY MANAGEMENT LLC<br>1016 COLLIER CENTER WAY, STE. #102<br>NAPLES, FL 34110 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City **FL** Zip Code |

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 FRANK BONACCI - PRINCIPAL APRIL 1, 2008
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is $61.25**
**Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 | DT<br>HEUSSNER, JODY<br>14 PLATT ST 2<br>NORWALK, CT 06855 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DTS<br>HEUSSNER, JODY<br>14 PLATT ST. 2<br>NORWALK, CT 06855 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>TOBER, JERRY<br>14515 GREY FOX RUN, # 4<br>NAPLES, FL 34110 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>STORK, DAVID<br>14565 RED FOX RUN, #14<br>NAPLES, FL 34110 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DVP<br>THOMAS, MYERS<br>665 14TH AVE NW<br>NAPLES, FL 34102 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DS<br>RAFTER, CAROL<br>14550 RED FOX RUN 1<br>NAPLES, FL 34110 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DVP<br>JOYCE, HAROLD<br>3808 OLD BROWNSBORO HILL RD<br>LOUISVILLE, KY 40241 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DVP<br>IANNUZZI, JOEL<br>93 GREEN MEADOWS RD<br>MANCHESTER CENTER, VT 05255 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>IANNUZZI, JOEL<br>93 GREEN MEADOWS RD<br>MANCHESTER CENTER, VT 05255 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MAS<br>WHITE, WILLIAM D<br>171 COMMERCIAL BLVD STE 20<br>NAPLES, FL 34114 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

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:** Jody Heussner 4-11-08 239-596-7460
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #