

2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jun 13, 2012
Secretary of State

DOCUMENT# N96000004977

Entity Name: FALLING WATERS BEACH RESORT IV, INC.**Current Principal Place of Business:**LIVING IN PARADISE ASSOC MANAGEMENT LLC
12406 LAKE SHALIMAR DRIVE
BONITA SPRINGS, FL 34135 US**New Principal Place of Business:**THE COMPASS MANAGEMENT GROUP
3701 TAMIAMI TRAIL NORTH
NAPLES, FL 34103 US**Current Mailing Address:**LIVING IN PARADISE ASSOC MANAGEMENT LLC
12406 LAKE SHALIMAR DRIVE
BONITA SPRINGS, FL 34135 US**New Mailing Address:**C/O THE COMPASS MANAGEMENT GROUP
3701 TAMIAMI TRAIL NORTH
NAPLES, FL 34103 US**FEI Number:** 59-3403485**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**LIVING IN PARADISE ASSOC MANAGEMENT LLC
12406 LAKE SHALIMAR DRIVE
BONITA SPRINGS, FL 34135 US**Name and Address of New Registered Agent:**THE COMPASS MANAGEMENT GROUP
3701 TAMIAMI TRAIL NORTH
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: ESTHER MOREY

06/13/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP
Name: FERRAIUOLO, FRANK
Address: 6820 BEACH RESORT DRIVE # 13
City-St-Zip: NAPLES, FL 34114 US

Title: D
Name: WILLIAMS, JAMES
Address: 6790 BEACH RESORT DRIVE #3
City-St-Zip: NAPLES, FL 34114 US

Title: D
Name: COX, DENNIS
Address: 6810 BEACH RESORT DRIVE # 1
City-St-Zip: NAPLES, FL 34114 US

Title: DST
Name: ORSINI, AL
Address: 6820 BEACH RESORT DRIVE # 14
City-St-Zip: NAPLES, FL 34114 US

Title: DVP
Name: LAVIN, JACK
Address: 6820 BEACH RESORT DRIVE # 12
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: ESTHER MOREY

SVP

06/13/2012

Electronic Signature of Signing Officer or Director

Date