FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED May 06 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State **DIVISION OF CORPORATIONS** 1998 DOCUMENT # P95000021346 (8) **FALLING WATERS MANAGEMENT CORPORATION** Principal Place of Business Mailing Address 7200 DAVIS BLVD. 7200 DAVIS BLVD. NAPLES FL 33962 NAPLES FL 33962 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/09/1995 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable 21 26 65-0571472 Suite, Apt. #, etc. Suite, Apt #, etc. \$8.75 Additional П 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 28 23 Trust Fund Contribution Added to Fees Ζφ Country Zip Country 8. This corporation owes or has paid the current year Intangible Yes □ No 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name WOOD, DOUGLAS A SIESKY & PILON Street Address (P.O. Box Number is Not Acceptable) 1000 N. TAMIAMI TRAIL, STE. 201 83 NAPLES FL 33940 84 City Zip Code 85 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE 1.1 TITLE Change Addition NAME HUBSCHMAN, SAMUEL 1.2 NAME 7200 DAVIS BLVD. STREET ADDRESS 1.3 STREET ADDRESS NAPLES FL 33962 CITY-ST-ZIP 1.4 City - ST-ZIP DELETE Addition Change TITLE 2.1 TITLE HUBSCHMAN, ALBERT NAME 2.2 NAME 7200 DAVIS BLVD. STREET ADDRESS 2.3 STREET ADDRESS NAPLES FL 33962 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE HUBSCHMAN, HARRISON NAME 3.2 NAME 7200 DAVIS BLVD. STREET ADDRESS 3.3 STREET ADDRESS NAPLES FL 33962 CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE NAME 5.2 NAME

of id with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information mental finual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an a receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in orthchment with an address. 14. Thereby certify that the information supplindicated on this annual report or supplied officer or director of the corporation or Block 12 or Block 13 if changed, or or

5.3 STREET ADDRESS

6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

5.4 CITY-ST-ZIP

61 TITLE

6.2 NAME

DELETE

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

4/28/98

941-774-7559

Change

Addition

CRZE034