

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 30, 2004 8:00 am**  
**Secretary of State**

03-30-2004 90007 033 \*\*\*150.00

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1. Entity Name  
FALLING WATERS BEACH RESORT RECREATIONS, INC.



Principal Place of Business  
7200 DAVIS BLVD.  
NAPLES, FL 33962

Mailing Address  
7200 DAVIS BLVD.  
NAPLES, FL 33962

34039558



03102004 00000000 000000000000

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0629973	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 00000000 0000000000

6. Name and Address of Current Registered Agent

SIESKY, JAMES H  
1000 TAMiami TRAIL NORTH  
SUITE 201  
NAPLES, FL 33940

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent's signature required when renewing.)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 0 0000 00  
00000000 000

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <del>ANTENUCCI, ALBO J JR.</del> William A. Burke 100 S. BEDFORD RD. MT. KISCO, NY 10549
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ISD T <del>FRIEDLAND, GARY</del> John P. Saldarelli 100 S. BEDFORD RD. MT. KISCO, NY 10549
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MALOOLY, PATRICK 7200 DAVIS BLVD NAPLES, FL 34104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, 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:

*John P. Saldarelli*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/04 (914) 242-7700  
Date System Phone