

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N41842

**Entity Name:** FALLING WATERS MASTER ASSOCIATION, INC.

**Current Principal Place of Business:**

9150 GALLERIA COURT, SUITE 201  
NAPLES , FL 34109

**Current Mailing Address:**

9150 GALLERIA COURT, SUITE 201  
NAPLES , FL 34109 US

**FEI Number: 65-0318043**

**Certificate of Status Desired: No**

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

SANDCASTLE COMMUNITY MANAGEMENT  
9150 GALLERIA COURT SUITE 201  
NAPLES , FL 34109 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: VERNA LUTZ**

**02/27/2016**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            SKONIE, TOM  
Address        9150 GALLERIA COURT, SUITE 201  
City-State-Zip: NAPLES FL 34109

Title            TREASURER  
Name            SCHWAMMLE, KURT  
Address        9150 GALLERIA COURT, SUITE 201  
City-State-Zip: NAPLES FL 34109

Title            SECRETARY  
Name            SCHIENKE, JANICE  
Address        9150 GALLERIA COURT, SUITE 201  
City-State-Zip: NAPLES FL 34109

Title            1ST VICE PRESIDENT  
Name            AFFLECK, DENNIS  
Address        9150 GALLERIA COURT, SUITE 201  
City-State-Zip: NAPLES FL 34109

Title            2ND VICE PRESIDENT  
Name            DIFABIO, RON  
Address        9150 GALLERIA COURT SUITE 201  
City-State-Zip: NAPLES FL 34109

*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: TOM SKONIE**

**PRESIDENT**

**02/27/2016**

Electronic Signature of Signing Officer/Director Detail

Date