

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90050 033 ****61.25

DOCUMENT # NO1000004780

1. Entity Name
WINDING STREAM RECREATION ASSOCIATION, INC.

Principal Place of Business C/O PULTE HOME CORPORATION 9220 BONITA BEACH ROAD, SUITE 215 FORT MYERS FL 34135	Mailing Address C/O PULTE HOME CORPORATION 9220 BONITA BEACH ROAD, SUITE 215 FORT MYERS FL 34135
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address <i>40 Integrated Property Mgmt</i> Suite, Apt. #, etc. <i>3435-10th Street N. #201</i>
City & State	City & State <i>Naples, FL</i>
Zip	Country
<i>34103</i>	

4. FEI Number <i>65-1153914</i>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

WOLPERT, GREG G
C/O PULTE HOME CORPORATION
9220 BONITA BEACH ROAD, SUITE 215
FORT MYERS FL 34135

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE <i>PD</i>	NAME WOLPERT, GREG G	<input type="checkbox"/> Delete
STREET ADDRESS 9220 BONITA BEACH ROAD, SUITE 215	CITY-ST-ZIP FORT MYERS FL 34135	
TITLE <i>VPD</i>	NAME GRIFFITH, R. SCOTT	<input type="checkbox"/> Delete
STREET ADDRESS 9220 BONITA BEACH ROAD, SUITE 215	CITY-ST-ZIP FORT MYERS FL 34135	
TITLE <i>STD</i>	NAME MEEKS, W. MICHAEL	<input type="checkbox"/> Delete
STREET ADDRESS 9220 BONITA BEACH ROAD, SUITE 215	CITY-ST-ZIP FORT MYERS FL 34135	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	

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 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: *SIGNATURE REQUIRED MICHAEL MEEKS 4/10/02*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)