


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90084 020 ****61.25

DOCUMENT # N01000004780			
1. Entity Name WINDING STREAM RECREATION ASSOCIATION, INC.			
Principal Place of Business C/O INTEGRATED PROPERTY MGMT. 3435-10TH STREET NORTH, #201 NAPLES, FL 34103		Mailing Address C/O INTEGRATED PROPERTY MGMT. 3435-10TH ST N #201 NAPLES, FL 34103	
2. Principal Place of Business, No P.O. Box # <i>Advanced Property Mgt.</i> 1035 Collier Center way		3. Mailing Address 1035 Collier Center way	
Suite, Apt. #, etc. Suite 7		Suite, Apt. #, etc. Suite 7	
City & State Naples FL		City & State Naples FL	
Zip 34110		Zip 34110	
Country		Country	
4. FEI Number 65-1153914		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SHIELDS, CHRISTOPHER J 1833 HENDRY STREET PO DRAWER 1507 FORT MYERS, FL 33902		7. Name and Address of New Registered Agent Name Susan L. Thompson Street Address (P.O. Box Number is Not Acceptable) 1035 Collier Center way # 7 City Naples FL Zip Code 34110	
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 <i>Susan L. Thompson</i> Signature, typed or printed name of registered agent and title if applicable.		SIGNATURE SUSAN L. THOMPSON (NOTE: Registered Agent signature required when reconstating)	
DATE 11/17/07 DATE			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LARSON, ERIC 9261 SPRING RUN BLVD #2404 BONITA SPRINGS, FL 34135 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST Dussault, Richard 9351 Spring Run Blvd. #3207 Bonita Springs, FL 34135 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BROWNING, JOHN 9291 SPRING RUN BLVD BONITA SPRINGS, FL 34135 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Browning, John 9291 Spring Run Blvd. #2707 Bonita Springs, FL 34135 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OLSEN, RON 9231 SPRING RUN BLVD #2108 BONITA SPRINGS, FL 34135 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D McGinn, David 9231 Spring Run Blvd. #2109 Bonita Springs, FL 34135 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ANDERSON, DEE 9271 SPRING RUN BLVD, # 2501 BONITA SPRINGS, FL 34135 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Anderson, Dee 9271 Spring Run Blvd. #2501 Bonita Springs, FL 34135 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DONOGHUE, JAMES 9281 SPRING RUN BLVD, # 2607 BONITA SPRINGS, FL 34135 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Rock, James 9241 Spring Run Blvd. #2207 Bonita Springs, FL 34135 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORETTI, CANDICE 9321 SPRING RUN BLVD, # 2907 BONITA SPRINGS, FL 34135 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Moretti, Candice 9321 Spring Run Blvd. #2907 Bonita Springs, FL 34135 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	