

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90242 006 ****61.25

DOCUMENT # N01000004781

1. Entity Name
WINDING STREAM SECTION 1 CONDOMINIUM ASSOCIATION, INC.

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

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

4. FEI Number <i>65-1157744</i>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
WOLPERT, GREG G
 C/O PULTE HOME CORPORATION
 9220 BONITA BEACH ROAD, SUITE 215
 BONITA SPRINGS FL 34135

7. Name and Address of New Registered Agent
 Name *Scott Hennells*
 Street Address (P.O. Box Number is Not Acceptable)
Weibel & Hennells
9240 Bonita Beach Rd, #3305
 City *Bonita Springs* FL Zip Code *34135*

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, of both, in the state of Florida.

SIGNATURE *Scott Hennells* *Scott D. Hennells* DATE *4/29/02*
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. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WOLPERT, GREG G 9220 BONITA BEACH ROAD, SUITE 215 BONITA SPRINGS FL 34135 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GRIFFITH, R. SCOTT 9220 BONITA BEACH ROAD, SUITE 215 BONITA SPRINGS FL 34135 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MEEKS, W. MICHAEL 9220 BONITA BEACH ROAD, SUITE 215 BONITA SPRINGS FL 34135 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Cunningham, Luke 9231 Spring Run Blvd. Bonita Springs, FL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Hutchins, Paul 9241 Spring Run Blvd. Bonita Springs, FL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Parajon, Bob 9241 Spring Run Blvd. Bonita Springs, FL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *F. Robert Parajon* DATE *4/22/02* DAYTIME PHONE # *919-846-7569*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)