

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 11, 2003 8:00 am**  
**Secretary of State**

04-11-2003 90117 010 \*\*\*\*61.25

**DOCUMENT # N02000002875**  
1. Entity Name  
**WINDING STREAM SECTION III CONDOMINIUM ASSOCIATI  
ON, INC.**



Principal Place of Business Mailing Address  
**C/O PULTE HOME CORPORATION** **C/O PULTE HOME CORPORATION**  
**9148 BONITA BEACH ROAD, SUITE 102** **9148 BONITA BEACH ROAD, SUITE 102**  
**BONITA SPRINGS FL 34135** **BONITA SPRINGS FL 34135**

2. Principal Place of Business 3. Mailing Address  
**c/o Integrated Property Mgmt.** **c/o Integrated Property Mgmt.**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
**3435 -10th Street N., #201** **3435 - 10th Street N., #201**

City & State City & State  
**Naples, FL** **Naples, FL**

Zip Country Zip Country  
**34103** **34103**  
**WINDING STREAM SECTION III CONDOMINIUM ASSOCIATI**  
**ON, INC.**

4. FEI Number Applied For  
**03-0447844** Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**KEMPTON, STEVE**  
**C/O PULTE HOME CORPORATION**  
**9148 BONITA BEACH ROAD, SUITE 102**  
**BONITA SPRINGS FL 34135**

7. Name and Address of New Registered Agent  
Name **Shields, Christopher J.**  
Street Address (P.O. Box Number is Not Acceptable): **1833 Hendry Street**  
**PO Drawer 1507**  
City **Ft. Myers** Zip **33902**

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]* **Chris Shields** **2/7/03**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS \$61.25**

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

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>D</b> <input checked="" type="checkbox"/> Delete
NAME	<b>KEMPTON, STEVE</b>
STREET ADDRESS	<b>9148 BONITA BEACH ROAD, SUITE 102</b>
CITY-ST-ZIP	<b>BONITA SPRINGS FL 34135</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> Delete
NAME	<b>MEEKS, W. MICHAEL</b>
STREET ADDRESS	<b>9148 BONITA BEACH ROAD, SUITE 102</b>
CITY-ST-ZIP	<b>BONITA SPRINGS FL 34135</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> Delete
NAME	<b>RAY, LAURA</b>
STREET ADDRESS	<b>9148 BONITA BEACH ROAD, SUITE 102</b>
CITY-ST-ZIP	<b>BONITA SPRINGS FL 34135</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>KEMPTON, STEVE</b>
STREET ADDRESS	<b>9148 BONITA BEACH ROAD, SUITE 102</b>
CITY-ST-ZIP	<b>BONITA SPRINGS FL 34135</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>MEEKS, W. MICHAEL</b>
STREET ADDRESS	<b>9148 BONITA BEACH ROAD, SUITE 102</b>
CITY-ST-ZIP	<b>BONITA SPRINGS FL 34135</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>RAY, LAURA</b>
STREET ADDRESS	<b>9148 BONITA BEACH ROAD, SUITE 102</b>
CITY-ST-ZIP	<b>BONITA SPRINGS FL 34135</b>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>P/D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Dussault, Richard</b>
STREET ADDRESS	<b>9351 Spring Run Blvd.</b>
CITY-ST-ZIP	<b>Bonita Springs, FL</b>
TITLE	<b>V/D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Moretti, Candice</b>
STREET ADDRESS	<b>9321 Spring Run Blvd.</b>
CITY-ST-ZIP	<b>Bonita Springs, FL</b>
TITLE	<b>S/T/D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Pyburn, Richard</b>
STREET ADDRESS	<b>9321 Spring Run Blvd.</b>
CITY-ST-ZIP	<b>Bonita Springs, FL</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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]* **Richard Dussault, President** **4/1/03** **239-992-8851**

0054917

0054917

CR2E037 (10/02)