

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000004780

**Entity Name:** WINDING STREAM RECREATION ASSOCIATION, INC.

**FILED**  
**Jun 25, 2020**  
**Secretary of State**  
**6371096770CC**

**Current Principal Place of Business:**

1035 COLLIER CENTER WAY  
SUITE 7  
NAPLES, FL 34110

**Current Mailing Address:**

1035 COLLIER CENTER WAY  
SUITE 7  
NAPLES, FL 34110

**FEI Number: 65-1153914**

**Certificate of Status Desired: No**

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

SPEARS, ROBERT  
1035 COLLIER CENTER WAY  
SUITE 7  
NAPLES, FL 34110 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: ROBERT SPEARS**

**06/25/2020**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP  
Name JACQUEL , TOM  
Address 1035 COLLIER CENTER WAY  
SUITE 7  
City-State-Zip: NAPLES FL 34110

Title SECRETARY  
Name BRYAN , GEORGE  
Address 1035 COLLIER CENTER WAY  
SUITE 7  
City-State-Zip: NAPLES FL 34110

Title PRESIDENT  
Name HAMILTON, CHRISTINE  
Address 1035 COLLIER CENTER WAY  
SUITE 7  
City-State-Zip: NAPLES FL 34110

Title SECRETARY  
Name CRANDELL, SUSAN  
Address 1035 COLLIER CENTER WAY  
SUITE 7  
City-State-Zip: NAPLES FL 34110

Title TREASURER  
Name DOLWICK, ROBERT  
Address 1035 COLLIER CENTER WAY  
SUITE 7  
City-State-Zip: NAPLES FL 34110

*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: HAMILTON , CHRISTINE**

**PRESIDENT**

**06/25/2020**

Electronic Signature of Signing Officer/Director Detail

Date