### 2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004780

Entity Name: WINDING STREAM RECREATION ASSOCIATION, INC.

FILED Mar 22, 2017 Secretary of State CC3935354135

## **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:

THOMPSON, SUSAN L 1035 COLLIER CENTER WAY # 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.

Title

**SECRETARY** 

#### SIGNATURE:

Title

Electronic Signature of Registered Agent

Date

#### Officer/Director Detail:

Name	ROCK, JAMES	Name	STANDRING, CHRISTINE
Address	9241 SPRING RUN BLVD.	Address	9331 SPRING RUN BLVD.

City-State-Zip: BONITA SPRINGS FL 34135 City-State-Zip: BONITA SPRINGS FL 34135

Title PRESIDENT Title DIRECTOR

Name HAMILTON, CHRISTINE Name BRYAN, GEORGE

Address 9231 SPRING RUN BLVD Address 9281 SPRING RUN BLVD

City-State-Zip: BONITA SPRINGS FL 34135 City-State-Zip: BONITA SPRINGS FL 34135

TitleTREASURERTitleDIRECTORNameDUSSUALT, RICHARDNameHARLA, KEN

Address 9351 SPRING RUN BLVD Address SPRING RUN BLVD

City-State-Zip: BONITA SPRINGS FL 34135 City-State-Zip: BONITA SPRINGS FL 34135

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: CHRISTINE HAMILTON

03/22/2017