


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90203 013 ****61.25

DOCUMENT # N01000001417 1. Entity Name WISTERIA POINTE RECREATION ASSOCIATION, INC.					
Principal Place of Business C/O INTERGRATED PROPERTY MGMT 3435 10TH STREET N. #201 NAPLES, FL 34103			Mailing Address C/O INTERGRATED PROPERTY MGMT 3435 10TH STREET N. #201 NAPLES, FL 34103		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-1153913	
				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			7. Name and Address of New Registered Agent		
SHIELDS, CHRISTOPHER J 1833 HENDRY STREET PO BOX DRAWER 1507 FORT MYERS, FL 33902			Name Street Address (P.O. Box Number is Not Acceptable) City		
			State FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		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	D President <input type="checkbox"/> Delete		TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GREENWOOD, ALFRED		NAME	Greenwood, Al	
STREET ADDRESS	23520 WISTIRIA POINTE, #301		STREET ADDRESS	23520 Wisteria Pointe Dr. #301	
CITY-ST-ZIP	BONITA SPRINGS, FL 34135		CITY-ST-ZIP	Bonita Springs, FL 34135	
TITLE	VD <input checked="" type="checkbox"/> Delete		TITLE	DS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BENNETTE, STEVE		NAME	Havekost, Ronald	
STREET ADDRESS	23620 WISTERIA POINTE DR, #1104		STREET ADDRESS	23560 Wisteria Pointe Dr. #508	
CITY-ST-ZIP	BONITA SPRINGS, FL 34135		CITY-ST-ZIP	Bonita Springs, FL 34135	
TITLE	PD <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GLICK, JOHN JR		NAME	--	
STREET ADDRESS	23570 WISTERIA POINTE DR, #605		STREET ADDRESS	--	
CITY-ST-ZIP	BONITA SPRINGS, FL 34135		CITY-ST-ZIP	--	
TITLE	SD <input type="checkbox"/> Delete		TITLE	DV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BRIDGE, LARRY		NAME	Bridge, Larry	
STREET ADDRESS	23670 WISTERIA POINTE DR		STREET ADDRESS	23570 Wisteria Pointe Dr. #608	
CITY-ST-ZIP	BONITA SPRINGS, FL 34135		CITY-ST-ZIP	Bonita Springs, FL 34135	
TITLE	TD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PETERMAN, JIM		NAME	--	
STREET ADDRESS	23510 WISTERIA POINTE DR, #1104		STREET ADDRESS	--	
CITY-ST-ZIP	BONITA SPRINGS, FL 34135		CITY-ST-ZIP	--	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	--		NAME	--	
STREET ADDRESS	--		STREET ADDRESS	--	
CITY-ST-ZIP	--		CITY-ST-ZIP	--	
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>Alfred Greenwood</i> ALFRED Greenwood 4/21/06 239-777-0358					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					