

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 24, 2008 8:00 am**  
**Secretary of State**

03-24-2008 90066 027 \*\*\*\*61.25

<b>DOCUMENT # N01000001417</b>					
<b>1. Entity Name</b> WISTERIA POINTE RECREATION ASSOCIATION, INC.					
<b>Principal Place of Business</b> C/O INTEGRATED PROPERTY MGMT 3435 10TH STREET N. #201 NAPLES, FL 34103			<b>Mailing Address</b> C/O INTEGRATED PROPERTY MGMT 3435 10TH STREET N. #201 NAPLES, FL 34103		
<b>2. Principal Place of Business - No P.O. Box #.</b> Sterling Property Services Suite, Apt. #, etc. <b>Suite 4</b> City & State <b>BONITA SPRINGS</b> Zip <b>34135</b> Country <b>Lee</b>		<b>3. Mailing Address</b> 27180 Bay Landing Drive Suite, Apt. #, etc. <b>SAME</b> City & State <b>SAME</b> Zip <b>SAME</b> Country <b>SAME</b>			
01252008 Chg-NP CR2E037 (12/06)		<b>4. FEI Number</b> 65-1153913		Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		<b>6. Name and Address of Current Registered Agent</b> PAVESA LAW FIRM 1833 HENDRY STREET FORT MYERS, FL 33902			
<b>7. Name and Address of New Registered Agent</b> Name <b>JOHN O'GORMAN</b> Street Address (P.O. Box Number is Not Acceptable) STERLING PROPERTY SERVICES 27180 BAY LANDING DRIVE, Suite 4 BONITA SPRINGS FL Zip Code <b>34135</b>		<b>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.</b> SIGNATURE <b>John O'GORMAN</b> <b>3/20/08</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE <input checked="" type="checkbox"/> <b>GREENWOOD, ALFRED</b> <input type="checkbox"/> Delete STREET ADDRESS <b>23520 WISTIRIA POINTE, #301</b> CITY-ST-ZIP <b>BONITA SPRINGS, FL 34135</b>	TITLE <b>DVP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP				
TITLE <input checked="" type="checkbox"/> <b>HAVEKOST, RONALD</b> <input type="checkbox"/> Delete STREET ADDRESS <b>23560 WISTERIA POINTE DR., #508</b> CITY-ST-ZIP <b>BONITA SPRINGS, FL 34135</b>	TITLE <b>DS</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME <b>HAVEKOST</b> STREET ADDRESS CITY-ST-ZIP				
TITLE <input type="checkbox"/> <b>DP</b> <input type="checkbox"/> Delete NAME <b>BRIDGE, LARRY</b> STREET ADDRESS <b>23670 WISTERIA POINTE DR</b> CITY-ST-ZIP <b>BONITA SPRINGS, FL 34135</b>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP				
TITLE <input checked="" type="checkbox"/> <b>PETERMAN, JIM</b> <input type="checkbox"/> Delete STREET ADDRESS <b>23510 WISTERIA POINTE DR, #1104</b> CITY-ST-ZIP <b>BONITA SPRINGS, FL 34135</b>	TITLE <b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME <b>DONALD. LOGAN</b> STREET ADDRESS <b>23510 WISTERIA POINTE, # 207</b> CITY-ST-ZIP <b>BONITA SPRINGS, FL 34135</b>				
TITLE <input type="checkbox"/> <b>DVP</b> <input type="checkbox"/> Delete NAME <b>GLANTZ, FRED</b> STREET ADDRESS <b>23580 WISTERIA POINT DR 703</b> CITY-ST-ZIP <b>MORGANVILLE, KS 67468</b>	TITLE <b>T</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP				
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP				
<b>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.</b>					
SIGNATURE: <b>Alden K. Williams</b> <b>3/18/08</b> <b>239</b> <b>947-4552</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> <b>AS AGENT</b>					