2007 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # N98000000668

1. Entity Name



FILED Apr 18, 2007 8:00 am Secretary of State 04-18-2007 90181 003 ****61.25

STREAMSIDE RECREATION A			
Principal Place of Business	Mailing Address		
% INTEGRATED PROPERTY MGMT	% INTEGRATED PROPER	TY MGMT	
3435 10TH ST. N. SUITE 201	3435 10TH ST. N. SUIT	E 201	
NAPLES, FL 34103	NAPLES, FL 34103		

			1	11111				
% INTEGRATED PROPERTY MGMT 3435 10TH ST. N. SUITE 201		Mailing Address % INTEGRATED PROPERTY MGMT 3435 10TH ST. N. SUITE 201 NAPLES, FL 34103			<i>&</i>	(8)		
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address						
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			03232007 CI	hg-NP CR2E0	37 (12/06)	
City & State	е	City & State			4. FEI Number 65-090330			pplied For at Applicable
Zip	Country	Zip	Country		5. Certificate of St	atus Desired	\$8.75 Add Fee Require	litional
	6. Name and Address of Current F	Registered Agent			7. Name and Add	ress of New Registered		
SHEILDS	CHRISTPOHER J	togastorou rigorit	Name		T. Harris are made			· · ·
,	DRY STREET		Street	Address (P.	O. Box Number is	Not Acceptable)	•	
FORT MY	ERS, FL 33902							
			City			FL	Zip Code	e
	named entity submits this statement for lons of registered agent.	the purpose of changing its r	egistered office	or registered	d agent, or both, in	the State of Florida. I am	familiar with,	and accept
SIGNATURE .	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE:	Registered Agem signs	ature required w	rhen reinstating)	DATE		
	Filing Fee is \$61.25 Due by May 1, 2007	9. Election Cam Trust Fund Co			\$5.00 May Be Added to Fees	Make chec Florida Depa	k payable to timent of St	
10.	OFFICERS AND DIR	ECTORS	11.	AC	DITIONS/CHANG	ES TO OFFICERS AND D	RECTORS IN	10
TITLE	PD	V Delete	TITLE	T	- I' -		Change	☐ Addition
NAME	UNGAR, ANDREW	To the same	NAME	1	Orten, Ga		4	
STREET ADDRESS	9050 SPRING RUN BLVD.		STREET ADDRESS			ng Run Blvd., #602		
CITY-ST-ZIP	BONITA SPRINGS, FL		CITY-ST-ZIP		Bonita Spi	rings, FL 34135		
TITLE	D	Detete	TITLE	 	DVP		Change	Addition
NAME	ORTEN, GARY	the percie	NAME		Ungar, An		7	
STREET ADDRESS	9020 SPRING RUN BLVD., #602		STREET ADDRESS			ng Run Blvd., #302		
CITY-ST-ZIP	BONITA SPRINGS, FL 34135	_	CITY-ST-ZIP		•	rings, FL 34135		
TITLE	D	Delete	TITLE	 	DST	-	Change	☐ Addition
- NAME	ALTER, BOB	Delete	NAME		Alter, Rob		AC oursing	
STREET ADDRESS	9020 SPRING RUN BLVD., #609	•	STREET ADDRESS	1		ng Run Blvd., #609		
CITY-ST-ZIP	BONITA SPRINGS, FL 34135		CITY-ST-ZIP	İ	•	rings, FL 34135		
TITLE	D	Delete	TITLE	1	Tollmon	lamas	☐ Change	Addition
NAME	PINKERTON, MARILYN	A colore	NAME		Tallman, J	ng Run Blvd., #309		
STREET ADDRESS	9020 SPRING RUN BLVD, # 610		STREET ADDRESS			rings, FL 34135		
CITY-ST-ZIP	BONITA SPRINGS, FL 34135		CITY-ST-ZIP		Domina Op	illigs, i E 34100		
TITLE	D	Delete	TITLE	1	Pinkerton,	Marilyn	Change	☐ Addition
NAME	YURCHAK, WALTER	7	NAME			ng Run Blvd., #610	<i>T</i>	
STREET ADDRESS	9020 SPRING RUN BLVD, # 302		STREET ADDRESS			rings, FL. 34135		
				ı	•	- '		
CITY-ST-ZIP	BONITA SPRINGS, FL 34135		: CITY-ST-ZIP	ŀ				
CITY-ST-ZIP	BONITA SPRINGS, FL 34135	☐ Delete	CITY-ST-ZIP				☐ Change	Addition
	BONITA SPRINGS, FL 34135	☐ Delete					☐ Change	Addition
TITLE	BONITA SPRINGS, FL 34135	☐ Delete	TITLE				☐ Change	Addition

12. I hereby certify that the information supplied with this filling 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.

i	SIGNATURE: _	(OPL	Colh	
	_	SIGNATURE AND TYPED OR PE	ENTED NAME OF SIGNING OFF	CER OR DIRECTOR

4-7-07 361-351-3060 Date Daylina Phone #