

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90034 048 ****61.25

DOCUMENT # N98000000668 1. Entity Name STREAMSIDE RECREATION ASSOCIATION, INC.					
Principal Place of Business % INTEGRATED PROPERTY MGMT 3435 10TH ST. N. SUITE 201 NAPLES, FL 34103			Mailing Address % INTEGRATED PROPERTY MGMT 3435 10TH ST. N. SUITE 201 NAPLES, FL 34103		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0903307	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent SHEILDS, CHRISTPOHER J 1833 HENDRY STREET PO DRAWER 1507 FORT MYERS, FL 33902				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				\$8.75 Additional Fee Required	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ORTEN, GARY <input type="checkbox"/> Delete 9020 SPRING RUN BLVD., #602 BONITA SPRINGS, FL 34135				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP UNGAR, ANDREW <input type="checkbox"/> Delete 9050 SPRING RUN BLVD., #302 BONITA SPRINGS, FL 34135				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST <input checked="" type="checkbox"/> Delete ALTER, ROBERT 9020 SPRING RUN BLVD., #609 BONITA SPRINGS, FL 34135				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete TALLMAN, JAMES 9050 SPRING RUN BLVD., #309 BONITA SPRINGS, FL 34135				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete PINKERTON, MARILYN 9020 SPRING RUN BLVD., #610 BONITA SPRINGS, FL 34135				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST Tallman, James <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9050 Spring Run Blvd., #309 Bonita Springs, FL 34135				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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: <u>Andrew T. Ungar</u> ANDREW T. UNGAR <u>03/15/08</u> <u>239-498-4802</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					