

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000668

FILED
Feb 05, 2009
Secretary of State

Entity Name: STREAMSIDE RECREATION ASSOCIATION, INC.

Current Principal Place of Business:

% INTEGRATED PROPERTY MGMT
3435 10TH ST. N. SUITE 201
NAPLES, FL 34103

New Principal Place of Business:

Current Mailing Address:

% INTEGRATED PROPERTY MGMT
3435 10TH ST. N. SUITE 201
NAPLES, FL 34103

New Mailing Address:

FEI Number: 65-0903307

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHEILDS, CHRISTPOHER J
1833 HENDRY STREET
PO DRAWER 1507
FORT MYERS, FL 33902 US

Name and Address of New Registered Agent:

SHEILDS, CHRISTPOHER J
1833 HENDRY STREET
FORT MYERS, FL 33902 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.

SIGNATURE:

02/05/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: ORTEN, GARY
Address: 9020 SPRING RUN BLVD, #602
City-St-Zip: BONITA SPRINGS, FL 34135

Title: DP () Delete
Name: UNGAR, ANDREW
Address: 9050 SPRING RUN BLVD. #302
City-St-Zip: BONITA SPRINGS, FL 34135

Title: DST () Delete
Name: TALLMAN, JAMES
Address: 9050 SPRING RUN BLVD. #309
City-St-Zip: BONITA SPRINGS, FL 34135

Title: D () Delete
Name: PINKERTON, MARILYN
Address: 9020 SPRING RUN BLVD., #610
City-St-Zip: BONITA SPRINGS, FL 34135

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DAL (X) Change () Addition
Name: PINKERTON, MARILYN
Address: 9020 SPRING RUN BLVD., #610
City-St-Zip: BONITA SPRINGS, FL 34135

Title: D () Change (X) Addition
Name: LLOYD, JAMES
Address: 9030 SPRING RUN BLVD., #510
City-St-Zip: BONITA SPRINGS, FL 34135

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ANDY UNGAR

DP

02/05/2009

Electronic Signature of Signing Officer or Director

Date