

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000668

FILED  
Apr 08, 2010  
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:

% INTEGRATED PROPERTY MGMT  
5020 TAMiami TR NORTH, #206  
NAPLES, FL 34103

## Current Mailing Address:

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

## New Mailing Address:

% INTEGRATED PROPERTY MGMT  
5020 TAMiami TR NORTH, #206  
NAPLES, FL 34103

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  
FORT MYERS, FL 33902 US

## Name and Address of New Registered Agent:

SHEILDS, CHRISTOPHER J  
1833 HENDRY STREET  
FORT MYERS, FL 33901 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: CHRISTOPHER J SHEILDS

04/08/2010

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

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

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

Title: DST  
Name: SCHMIDT, ANTHONY O  
Address: 9060 SPRING RUN BLVD. #202  
City-St-Zip: BONITA SPRINGS, FL 34135

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

Title: D  
Name: LLOYD, JAMES R  
Address: 9030 SPRING RUN BLVD., #510  
City-St-Zip: BONITA SPRINGS, FL 34135

I hereby 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 all other like empowered.

SIGNATURE: ANDREW UNGAR

DP

04/08/2010

Electronic Signature of Signing Officer or Director

Date