2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000002652

STREAMSIDE SECTION II CONDOMINIUM ASSOCIATION, I NC.



FILED Apr 10, 2003 8:00 am Secretary of State

04-10-2003 90119 037 ****61.25

| Principal Place | e of Business | Mailing Address | | | | | | | | | | |
|--|--|--|------------------|--------------------|-----------|--|--|----------------------|------------------------------------|-------------|-------------|--|
| C/O Integrated property Management 3435 10th St. N., Ste 201 Naples Fl 34103 | | C/O INTEGRATED PROPERTY MANAGEMENT 3435 10TH ST. N., STE 201 NAPLES FL 34103 | | | | 1 | 1 : 1111 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | 1 (1 410 J (1 0) 6) | | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | | | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | ☐ CHECK HERE IF MAKING CHANGES | | | | | | |
| City & State | 3 | City & State | | | | 4. FEI Number 59-3646974 | | | Applied For Not Applicable | | | |
| Zip Country | | Zip | Cou | Country | | 5. Certificate of Status Desired | | | \$8.75 Additional Fee Required | | | |
| STREA! NC. 6. Name and Address of Current R | | Registered Agent | | | | 7. Name and Address of New Registered Agent | | | | | | |
| IVI. | The state of the s | Company of the contract of the | | Name | | | | | | | 82 | |
| SHIELDS, 1833 HEN | CHRISTOPHER J | ţ | ATY MARK | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | | |
| PO DRAW | /ER 1507 |] |) | | | • | | | | | | |
| FT. MYEH | IS FL 33902 🖟 🐣 🦰 | | | City | | , | | FL | Zip Code | 9 | l | |
| | named entity submits this statement for ions of registered agent. | the purpose of changing its | I s registere | d office or reg | gistere | d agent, or both, in th | ne State of Flo | ida. I am fa | miliar with, | and accept | 0.00 | |
| SIGNATURE - | Signature, typed or printed name of registered agent a | nd title if applicable. (NOT | E: Registered | Agent signature re | equired w | hen reinstating) | | DATE | | | | |
| i i | FILE NOW: FEE IS \$61.25 | 9. Election Ca | | | | \$5.00 May Be Added to Fees | | ke Check a Depart | | | | |
| 10. | OFFICERS AND DIR | ECTORS | 11. | | Αl | DDITIONS/CHANGE | S TO OFFICE | RS AND DIR | ECTORS IN | 10 | | |
| TITLE TAME NAME STREET ADDRESS CITY-ST-ZIP | PD UNGAR, ANDREW 9050 SPRING RUN BLVD. BONITA SPRINGS FL 34135 | ☐ Delete | | | | , | | | ☐ Change | ☐ Addition | 2007 (10/00 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD SHELDON, ADLER 9040 SPRING RUN BLVD. BONITA SPRINGS FL 34135 | ⊠ Delete | | | 905 | chak, Walter 0 Spring Run E ita Springs, FL | | | Change | Addition | 3000 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | AS BECHTEL, RICK 3435 10TH STREE N 201 NAPLES FL 34103 | - 1⊠ Delete | NAME STREE | 1 ' | Section 1 | | | | Change | Addition | | |
| TITLÉ NAME STREET ADDRESS CITY-ST-ZIP | STD MARTIN, EMILY 9050 SPRING RUN BLVD 310 BONITA SPRINGS FL 34135 | ☐ Delete | | ſ | | | | | ☐ Change | Addition | ! | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | , | ☐ Delete | | - 1 | | , | | | Change | ☐ Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | | | | | | | ☐ Change | Addition | | |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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. Andrew Ungar SIGNATURE