

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

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 90877 002 ****61.25

DOCUMENT # *N 99000003306*

1. Entity Name

Sunset Stream Recreation Association, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

90 Integrated Property Mgmt.

Suite, Apt. #, etc.
3435-10th Street N., #201

City & State
Naples, FL

Zip
34103

Country

3. Mailing Address

90 Integrated Property Mgmt.

Suite, Apt. #, etc.
3435-10th Street N., #201

City & State
Naples, FL

Zip
34103

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1099388

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name *Scott Hennells*

Street Address (P.O. Box Number is Not Acceptable)

Weibel & Hennells

9240 Bonita Beach Rd., #3305

City *Bonita Springs*

FL

Zip Code
34135

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.

SIGNATURE

Scott D Hennells

Scott D Hennells

4/29/02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25
Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Bartoletti, Joseph
23576 Sandycreek Terr.
Bonita Springs, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Holland, Ron
23580 Sandycreek Terr.
Bonita Springs, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Stratton, Samuel
9161 Spring Run Blvd.
Bonita Springs, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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CITY-ST-ZIP

12. 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 on an attachment with an address, with all other like empowered.

SIGNATURE

Joseph R. Bartoletti

Joseph R. BARTOLETTI

4/29/02

239-434-7447

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037B (12/01)