

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000004780

**Entity Name:** WINDING STREAM RECREATION ASSOCIATION, INC.

**FILED**  
**Mar 29, 2022**  
**Secretary of State**  
**9210646726CC**

**Current Principal Place of Business:**

ADVANCED PROPERTY MANAGEMENT  
1035 COLLIER CENTER WAY #7  
NAPLES, FL 34110

**Current Mailing Address:**

ADVANCED PROPERTY MANAGEMENT  
1035 COLLIER CENTER WAY #7  
NAPLES, FL 34110 US

**FEI Number: 65-1153914**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

MORDAUNT, JAMES  
ADVANCED PROPERTY MANAGEMENT  
1035 COLLIER CENTER WAY #7  
NAPLES, FL 34110 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: JAMES MORDAUNT**

**03/29/2022**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            DOLWICK, BOB  
Address        1035 COLLIER CENTER WAY  
                 SUITE 7  
City-State-Zip: NAPLES FL 34110

Title            SECRETARY  
Name            EVANS, JOE  
Address        1035 COLLIER CENTER WAY  
                 SUITE 7  
City-State-Zip: NAPLES FL 34110

Title            VP  
Name            HAMILTON, CHRISTINE  
Address        1035 COLLIER CENTER WAY  
                 SUITE 7  
City-State-Zip: NAPLES FL 34110

Title            TREASURER  
Name            JACQUEL , TOM  
Address        1035 COLLIER CENTER WAY  
                 SUITE 7  
City-State-Zip: NAPLES FL 34110

Title            DIRECTOR  
Name            MYER, BILL  
Address        1035 COLLIER CENTER WAY  
                 SUITE 7  
City-State-Zip: NAPLES FL 34110

*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: DOLWICK , BOB**

**PRESIDENT**

**03/29/2022**

Electronic Signature of Signing Officer/Director Detail

Date