

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004780

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

03/08/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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

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

Title SECRETARY
Name BRYAN , GEORGE
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

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: BOB DOLWICK

VICE PRESIDENT

03/08/2021

Electronic Signature of Signing Officer/Director Detail

Date