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	PRESIDENT	03/22/2023		

#### DOCUMENT# N0100004780

# 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

### 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			03/22/2023		
	Electronic Signature of Registered Agent			Date		
Officer/Director Detail :						
Title	PRESIDENT	Title	TREASURER			
Name	DOLWICK, BOB	Name	EVANS, JOE			
Address	1035 COLLIER CENTER WAY SUITE 7	Address	1035 COLLIER CENTER WAY SUITE 7			
City-State-Zip:	NAPLES FL 34110	City-State-Zip:	NAPLES FL 34110			
Title	VP	Title	DIRECTOR			
Name	HAMILTON, CHRISTINE	Name	HARLA, BARBABRA			
Address	1035 COLLIER CENTER WAY SUITE 7	Address	1035 COLLIER CENTER WAY SUITE 7			
City-State-Zip:	NAPLES FL 34110	City-State-Zip:	NAPLES FL 34110			
Title	SECRETARY					
Name	WILDEN, BOB					
Address	1035 COLLIER CENTER WAY SUITE 7					
City-State-Zip:	NAPLES FL 34110					

Electronic Signature of Signing Officer/Director Detail

FILED Mar 22, 2023 Secretary of State 9074440414CC

Certificate of Status Desired: No

Date