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Aug 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 709736 (3)

1. Corporation Name

WINFIELD GARDENS SOUTH CONDOMINIUM, ASS.



Principal Place of Business	Mailing Address
6530 WINFIELD BLVD MARGATE FL 33063	6530 WINFIELD BLVD MARGATE FL 33063-7108

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		10/08/1965		03/26/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		59-1164806		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Country		Zip		Country	
24		25		29		30	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes				<input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ILLINOIS JOHN 6540 WINFIELD BLVD. MARGATE FL 33063				81 Name ROBERT COLLINS 82 Street Address (P.O. Box Number is Not Acceptable) 6500 WINFIELD BLVD 83 APT 106 84 City MARGATE FL 33063 FL 85 Zip Code			

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Robert R. Collins* ROBERT R. COLLINS 4-15-97
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	S	<input type="checkbox"/> DELETE	1.1 TITLE	ROBERT COLLINS, PRESIDENT	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	CR2E037 (9/96)
NAME	HARRIS, DOROTHY		1.2 NAME				
STREET ADDRESS	6510 WINFIELD BLVD		1.3 STREET ADDRESS	6500 WINFIELD BLVD			
CITY-ST-ZIP	MARGATE FL		1.4 CITY-ST-ZIP	APT 106, MARGATE FL - President			
TITLE	D	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	RICHARD DeHART, TREA	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	AMENDOLA, TONY		2.2 NAME				
STREET ADDRESS	6550 WINFIELD BLVD		2.3 STREET ADDRESS	6560 WINFIELD BLVD APT 103			
CITY-ST-ZIP	MARGATE FL		2.4 CITY-ST-ZIP	MARGATE FL 33063			
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE	NANCY LOPEZ - DIRECTOR	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	MUNIZ, RENE		3.2 NAME				
STREET ADDRESS	6510 WINFIELD BLVD		3.3 STREET ADDRESS	6510 WINFIELD BLVD			
CITY-ST-ZIP	MARGATE FL		3.4 CITY-ST-ZIP	APT 106 - MARGATE FL 33063			
TITLE	P	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	CECILIA MANDELOWSKI	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	ILLINOIS JOHN		4.2 NAME				
STREET ADDRESS	6540 WINFIELD BLVD.		4.3 STREET ADDRESS	6540 WINFIELD BLVD.			
CITY-ST-ZIP	MARGATE FL		4.4 CITY-ST-ZIP	APT 101 - MARGATE, FL 33063			
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	ORBAN, JACQUELINE		5.2 NAME				
STREET ADDRESS	6510 WINFIELD BLVD.		5.3 STREET ADDRESS				
CITY-ST-ZIP	MARGATE FL		5.4 CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	SKINTA, ALICE		6.2 NAME				
STREET ADDRESS	6540 WINFIELD BLVD.		6.3 STREET ADDRESS				
CITY-ST-ZIP	MARGATE FL		6.4 CITY-ST-ZIP				

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *Robert R. Collins* ROBERT R. COLLINS 4-15-97