

2000 UNIFORM BUSINESS REPORT (UBR)

4/2

DOCUMENT # 709736

1. Entity Name

WINFIELD GARDENS SOUTH CONDOMINIUM, ASS.

FILED
May 24, 2000 8:00 am
Secretary of State

04-23-2000 90027 049 ****61.25

Principal Place of Business

Mailing Address

6530 WINFIELD BLVD
MARGATE FL 33063

6530 WINFIELD BLVD
MARGATE FL 33063-7108

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1164806

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DLB
COLLINS, ROBERT
6500 WINFIELD BLVD
APT 108
MARGATE FL 33067

NEW
RICHARD DE HART

Name *WINFIELD GARDENS SOUTH*
Street Address (P.O. Box Number is Not Acceptable) *6530-WINFIELD BLVD*
City *MARGATE FL* Zip Code *33063*

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	ALAGNA, FRANK	
STREET ADDRESS	6560 WINFIEL BLVD	
CITY-ST-ZIP	MARGALE FL 33063	
TITLE	T	<input type="checkbox"/> Delete
NAME	DEHART, RICHARD	
STREET ADDRESS	6560 WINFIELD BLVD APT 103	
CITY-ST-ZIP	MARGATE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MUNIZ, RENE	
STREET ADDRESS	6510 WINFIELD BLVD	
CITY-ST-ZIP	MARGATE FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	ORBAN, JACQUELINE	
STREET ADDRESS	4336 NW 92 TERR	
CITY-ST-ZIP	CORAL SPGS FL 33065	
TITLE	P	<input type="checkbox"/> Delete
NAME	COLLINS, ROBERT	
STREET ADDRESS	6500 WINFIELD BLVD, APT 108	
CITY-ST-ZIP	MARGATE FL 33067	
TITLE	D	<input type="checkbox"/> Delete
NAME	LOPEZ, NANCY	
STREET ADDRESS	6510 WINFIELD BLVD	
CITY-ST-ZIP	MARGATE FL 33063	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>PRESIDENT</i>
STREET ADDRESS	<i>MUNIZ, RENE</i>
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>DIRECTOR</i>
STREET ADDRESS	<i>COLLINS, ROBERT</i>
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Richard De Hart *4/14/00* *(954) 969-7719*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)