

FILE NOW: FILING FEE IS \$61.25

FILED

**Feb 05 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # 715887 (6)
1. Corporation Name
WINSTON GATEWAY ASSOCIATION, INC.



Principal Place of Business 1000 79TH AVE NORTH #210 ST PETERSBURG FL 33702	Mailing Address 7801 9TH STREET NORTH SUITE C ST. PETERSBURG FL 33702 US
---	--

3. Date Incorporated or Qualified 01/14/1969	
4. FEI Number 59-1509698	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent
**TYLER, SHIRLEY A.
7801 11TH ST N
#301
ST PETERSBURG FL 33702**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	VPD	<input type="checkbox"/> DELETE
NAME	WALLS, PATRICIA	
STREET ADDRESS	7801 11TH STREET NORTH, #304	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	KOONS, SHIRLEY L	
STREET ADDRESS	1000 79TH AVE N #210	
CITY-ST-ZIP	ST PETERSBURG, FL 00000	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	ANTHONY, DEPALMER	
STREET ADDRESS	1001 77TH AVE N #105	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	SPENCER, JEAN	
STREET ADDRESS	1000 79TH AVENUE NORTH, #201	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	TYLER, SHIRLEY	
STREET ADDRESS	7801 11TH STREET NORTH, #301	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	BLOZZON, ELIZABETH	
STREET ADDRESS	1000 79TH AVE N #109	
CITY-ST-ZIP	ST PETERSBURG, FL 00000	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	VP/D MILDRED DENSMORE
4.3 STREET ADDRESS	7770 9TH ST. N. # 109
4.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33702
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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: *Shirley A. Tyler* SHIRLEY A. TYLER PRESIDENT 1-23-98 818-525-8633

CR2E037 (10/97)