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**Secretary of State**

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # 715887

1. Corporation Name  
**WINSTON GATEWAY ASSOCIATION, INC.**

DEPARTMENT OF STATE

Principal Place of Business  
 1000 79TH AVE NORTH #210-106  
 ST PETERSBURG FL 33702

Mailing Address  
 7601-9TH STREET NORTH  
 SUITE C  
 ST. PETERSBURG FL 33702  
 US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		01/14/1969	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1509698	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip Country		Zip Country		Trust Fund Contribution <input type="checkbox"/>	
24	25	29	30		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
TYLER, SHIRLEY A. 7801 11TH ST N #301 ST PETERSBURG FL 33702				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	VPD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	DVP MILDRED SAUERWEIN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	WALLS, PATRICIA			1.2 NAME			
STREET ADDRESS	7801 11TH STREET NORTH, #304			1.3 STREET ADDRESS	7801 11TH ST. N. #106		
CITY-ST-ZIP	ST. PETERSBURG FL			1.4 CITY-ST-ZIP	ST. PETERSBURG, FL, 33702		
TITLE	STD	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	KOONS, SHIRLEY L			2.2 NAME			
STREET ADDRESS	1000 79TH AVE N #210			2.3 STREET ADDRESS			
CITY-ST-ZIP	ST PETERSBURG, FL 00000			2.4 CITY-ST-ZIP			
TITLE	VPD	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	ANTHONY, DEPALMER			3.2 NAME			
STREET ADDRESS	1001 77TH AVE N #105			3.3 STREET ADDRESS			
CITY-ST-ZIP	ST. PETERSBURG FL			3.4 CITY-ST-ZIP			
TITLE	VPD	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	DENSMORE, MIDLRED			4.2 NAME			
STREET ADDRESS	7770 9TH ST N #109			4.3 STREET ADDRESS			
CITY-ST-ZIP	ST PETERSBURG FL 33702			4.4 CITY-ST-ZIP			
TITLE	PD	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	TYLER, SHIRLEY			5.2 NAME			
STREET ADDRESS	7801 11TH STREET NORTH, #301			5.3 STREET ADDRESS			
CITY-ST-ZIP	ST. PETERSBURG FL			5.4 CITY-ST-ZIP			
TITLE	VPD	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	BLOZZON, ELIZABETH			6.2 NAME			
STREET ADDRESS	1000 79TH AVE N #109			6.3 STREET ADDRESS			
CITY-ST-ZIP	ST PETERSBURG, FL 00000			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, with all other like empowered.

SIGNATURE: *Shirley A. Tyler* **SIGNATURE REQUIRED** *Shirley A. Tyler, Pres. 1/14/99 727-528-8633*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)