

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 PM 4:04

DOCUMENT # 717265

1. Corporation Name

WINCAST ARMS NORTH CONDOMINIUM ASSOC, INC

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

4311 CRYSTAL LAKE DRIVE
POMPANO BEACH, FL 33064

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

1994

4. FEI Number

59-1457515

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status

\$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt #, etc

Suite, Apt #, etc

22

27

City & State

City & State

23

28

24

Country

29

ZIP

Country

30

33073

USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DISTINCTIVE PLUS MGMT
5197 NW 52 ST.
CORCORNT OK, FL 33073

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

LINDA RISOEN

4/19/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VP
NAME RANDALL BAVTIESTA
STREET ADDRESS 4311 CRYSTAL LK DR #101
CITY, ST, ZIP POMP. BCH FL 33064

11 TITLE D
12 NAME ELIZABETH SLEP
13 STREET ADDRESS APT # 202 4311 CRYSTAL LK DR
14 CITY, ST, ZIP POMPANO BCH FL 33064

TITLE VP
NAME PETER AGUIANTE
STREET ADDRESS SAME APT # 104
CITY, ST, ZIP 4311 CRYSTAL LK DR POMPANO BCH FL 33064

17 TITLE D
18 NAME WILLIAM RUSSELL
19 STREET ADDRESS APT # 309
20 CITY, ST, ZIP 4311 CRYSTAL LK DR POMPANO BCH FL 33064

TITLE S
NAME JOANN SPACEY
STREET ADDRESS SAME APT # 310
CITY, ST, ZIP 4311 CRYSTAL LK DR POMPANO BCH FL 33064

21 TITLE D
22 NAME CECILE HANLEY
23 STREET ADDRESS APT # 102
24 CITY, ST, ZIP 4311 CRYSTAL LK DR POMPANO BCH FL 33064

TITLE T
NAME ANN CRIGNON
STREET ADDRESS SAME APT # 205
CITY, ST, ZIP 4311 CRYSTAL LK DR POMPANO BCH FL 33064

43 TITLE
44 NAME
45 STREET ADDRESS
46 CITY, ST, ZIP
10000154466 1
07/25/95-01016-020
****130.00 ****130.00

TITLE O
NAME SUSAN FKEY
STREET ADDRESS SAME APT # 220
CITY, ST, ZIP 4311 CRYSTAL LK DR POMPANO BCH FL 33064

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY, ST, ZIP

TITLE O
NAME JOHN MAJOR
STREET ADDRESS SAME APT # 319
CITY, ST, ZIP 4311 CRYSTAL LK DR POMPANO BCH FL 33064

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY, ST, ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(2)(b), Florida Statutes. I further certify that the information indicated on this principal report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made in the oath that I am an officer or director of the corporation or the receiver or liquidator empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or in an attachment, as appropriate.

SIGNATURE:

[Signature] v.f.
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

4/19/95 (305) 698-0904
Date Telephone

REMITTED 2/6
5/19/95