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NONPROFIT CORPORATION ANNUAL REPORT



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

1996

4311 CRYSTAL LK DR APT. 202

SIGNATURE AND TYPED OR PRINTED NAME OF

STREET ADDRESS

SIGNATURE: __

DOCUMENT 1. Corporation Name	# 7	17265	(3)	
WINCAST ADMS	МОВТН	CONDOMINITIM	ASSOCIATION.	INC.

Principal Place of Business Mailing Address						•				
	L LAKE DRIVE EACH FL 33064		NW 52 ST. CONUT CK FL 33073							
				3. Date Incorporated or Qualified 3a. Date of Last Report 09/30/1969 05/01/1995						
2. Principal Pla	ace of Business	2a. N	failing Address				4. FEI Number		1	oplied For
		26					59-1459515			lot Applicable
Suite, Apt.	#, etc.	— — — — — — — — — — — — — — — — — — —	Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required			
City & State City & State		6. Election Campaign Financing \$5.00 May Be								
28		Trust Fund Contribution Added to Fees								
Zip	Country		dip.	Cou	intry		8. This corporation has liability			199.032,
24	25	29		30	,		Florida Statutes 10. Name and Address of No.	☐ Yes		
	9. Name and Address of Current	t Registe	red Agent		81	Nome	10. Name and Address of No	M DARISTE	Ied Wäell	
1					81	Name				
DISTINCTIVE PLUS MGMT 5197 NW 52 ST.			82	Street A	ddress (P.O. Box Number is Not Acce	ptable)				
	UT CK FL 33073				83					
000011	o, or it good				84	City		<u>-</u>	FL 85 Zig	Code
l or registe	to the provisions of Sections 617.0502 red agent, or both, in the State of Florid	ia. Such d	:nanoe was authoriz	י פוע עס טפי	corp	named cor oration's t	poration submits this statement for the loard of directors. I hereby accept the	e purpose o appointme	of changing its r nt as registered	egistered office agent. I am
familiar w	ith, and accept the obligations of, Secti	on 617.0	503, Florida Statutes							
SIGNATURE	Signature, typed or printed name of registered agent	and tile if ap	oliçab-e. (NO	OTE: Registeres	d Age:	nt signature re	quired when reinstating)	DA		
12.	OFFICERS AND			13.			ADDITIONS/CHANGES TO	OFFICERS		RS IN 12
TITLE	D		DELETE	1.1 T	ITLE		PD		Change	Addition
NAME	TVEY: SUSAN		/	1.2 N	IAME		LOUIS ROMSO, SF	٠	C	
STREET ADDRESS	A A A A A A	20		1.3 \$	TREET	ADDRESS	MISHICKYSTAL LK	ひんゴ	403	
CITY-ST-ZIP	POMPANO BEACH FL 33064			1.4 0	HTY-S	ST-ZIP	POMP BCH FL	3366	4	
TITLE	D		DELETE	21 I	ITLE		SD	_ `	Change	Addition
NAME	HANLEY CECILE		/	2.2 N	IAME		YEMIS SHAROS			/
STREET ADDRESS	THE PROPERTY AND ADD.	02		2.3 9	TREE	I ADDRESS	4311 (1445) 111 616	or .	11310	
CITY-ST-ZIP	POMPANO BEACH FL 33064	·-	6	2. 4	ÇITY -	ST-ZIP	PENIP BUIL CL	330	64	
TITLE	SD SD		DELETE	3.1 T	TLE		1 0		Change	Addition
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CITY-ST-ZIP	RUSSELL; WILLIAM- 4311 CRYSTAL LK DR APT. 3	309				T ADDRESS	4.311 CRYSTAL LK	ON A	203	
	4311 CRYSTAL LK DR APT.	309		335	STREE	T ADDRESS ST-ZIP	4.311 CRYSTAL LK	OK #	U	
	4311 CRYSTAL LK DR APT. 3 POMPANO BEACH FL 33064	309	DELETE	335	CITY-		ANK EFILMEN 4311 CRYSTAL FK POMP: BUH FL	OK 6 3306	703	☐ Addition
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6.3 STREET ADDRESS

Daytime Phone #

POMPANO BEACH FL 33064

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(3)(k), 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.