

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **717265** (3)
1. Corporation Name
WINCAST ARMS NORTH CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: **4311 CRYSTAL LAKE DRIVE POMPANO BEACH FL 33064**
Mailing Address: **5197 NW 52 ST. COCONUT CK FL 33073**

3. Date Incorporated or Qualified: **09/30/1969**
3a. Date of Last Report: **05/01/1995**

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

4. FEI Number: **59-1459515**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**DISTINCTIVE PLUS MGMT
5197 NW 52 ST.
COCONUT CK FL 33073**

10. Name and Address of New Registered Agent
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 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D	<input checked="" type="checkbox"/> DELETE	1.1 TITLE: PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: IVEY, SUSAN		1.2 NAME: LOUIS RENO, JR.	
STREET ADDRESS: 4311 CRYSTAL LK DR APT. 220		1.3 STREET ADDRESS: 4311 CRYSTAL LK DR #1403	
CITY-ST-ZIP: POMPANO BEACH FL 33064		1.4 CITY-ST-ZIP: POMP. BCH FL 33064	
TITLE: D	<input checked="" type="checkbox"/> DELETE	2.1 TITLE: SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: HANLEY, CECILE		2.2 NAME: JOANNE SINDY	
STREET ADDRESS: 4311 CRYSTAL LK DR APT. 102		2.3 STREET ADDRESS: 4311 CRYSTAL LK DR #210	
CITY-ST-ZIP: POMPANO BEACH FL 33064		2.4 CITY-ST-ZIP: POMP. BCH FL 33064	
TITLE: SD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE: PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: RUSSELL, WILLIAM		3.2 NAME: ANK BRIGON	
STREET ADDRESS: 4311 CRYSTAL LK DR APT. 309		3.3 STREET ADDRESS: 4311 CRYSTAL LK DR #203	
CITY-ST-ZIP: POMPANO BEACH FL 33064		3.4 CITY-ST-ZIP: POMP. BCH FL 33064	
TITLE: PD JPD	<input type="checkbox"/> DELETE	4.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: BAUTISTA, RANDALL		4.2 NAME:	
STREET ADDRESS: 4311 CRYSTAL LAKE DR. APT. 401		4.3 STREET ADDRESS: 2000017505.02	
CITY-ST-ZIP: POMPANO BEACH FL 33064		4.4 CITY-ST-ZIP: -03/20/96--01016--014	
TITLE: ASSIST. SEC. D	<input type="checkbox"/> DELETE	5.1 TITLE: ***61.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: ABITANTE, PETER		5.2 NAME:	
STREET ADDRESS: 4311 CRYSTAL LAKE DR. APT. 104		5.3 STREET ADDRESS:	
CITY-ST-ZIP: POMPANO BEACH FL 33064		5.4 CITY-ST-ZIP:	
TITLE: D	<input type="checkbox"/> DELETE	6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: SLEP, ELIZABETH		6.2 NAME:	
STREET ADDRESS: 4311 CRYSTAL LK DR APT. 202		6.3 STREET ADDRESS:	
CITY-ST-ZIP: POMPANO BEACH FL 33064		6.4 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(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.

SIGNATURE: *Louis Reno* _____ Date: _____ Daytime Phone #: _____

CR2E037 (12/95)

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