

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 717265

**FILED
Apr 03, 2004
Secretary of State**

Entity Name: WINCAST ARMS NORTH CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

4311 CRYSTAL LAKE DRIVE
POMPANO BEACH, FL 33064

New Principal Place of Business:

Current Mailing Address:

10211 W SAMPLE RD
109
CORAL SPRINGS, FL 33065

New Mailing Address:

FEI Number: 59-1459515 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

RISDEN, LINDA
10211 W SAMPLE RD #109
CORAL SPRINGS, FL 33065 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LEE, RICHARD
Address: 4311 CRYSTAL LAKE DR.
City-St-Zip: POMPANO BEACH, FL 33064

Title: SD () Delete
Name: ROTELL, STEVEN
Address: 4311 CRYSTAL LAKE DR.
City-St-Zip: POMPANO BEACH, FL 33064

Title: TD () Delete
Name: SILK, BRUCE
Address: 4311 CRYSTAL LAKE DRIVE
City-St-Zip: POMPANO BEACH, FL 33064

Title: D () Delete
Name: LAMPAGNOLI, MARY
Address: 4311 CRYSTAL LAKE DRIVE
City-St-Zip: POMPANO BEACH, FL 33064

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SILK, RICHARD
Address: 4311 CRYSTAL LAKE DR.
City-St-Zip: POMPANO BEACH, FL 33064

Title: SD (X) Change () Addition
Name: LEE, STEVE
Address: 4311 CRYSTAL LAKE DR.
City-St-Zip: POMPANO BEACH, FL 33064

Title: TD (X) Change () Addition
Name: ROTELLA, BRUCE
Address: 4311 CRYSTAL LAKE DRIVE
City-St-Zip: POMPANO BEACH, FL 33064

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD SILK

PD

04/03/2004

Electronic Signature of Signing Officer or Director

_____ Date