


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 25, 2005 8:00 am**  
**Secretary of State**

03-25-2005 90040 005 \*\*\*\*61.25

<b>DOCUMENT # 717265</b>	
1. Entity Name <b>WINCAST ARMS NORTH CONDOMINIUM ASSOCIATION, INC.</b>	

Principal Place of Business <b>4311 CRYSTAL LAKE DRIVE POMPANO BEACH, FL 33064</b>	Mailing Address <b>10211 W SAMPLE RD 109 CORAL SPRINGS, FL 33065</b>
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30030746



2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

03212005 Chg-NP CR2E037 (10/03)

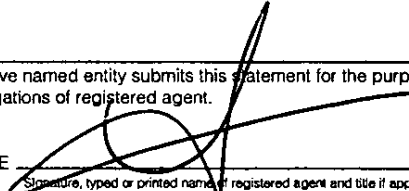
4. FEI Number <b>59-1459515</b>	Applied For. <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>
<b>RISDEN, LINDA 10211 W SAMPLE RD #109 CORAL SPRINGS, FL 33065</b>

<b>7. Name and Address of New Registered Agent</b>
Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b> Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE **3-22-05**

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

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SILK, RICHARD <input checked="" type="checkbox"/> Delete 4311 CRYSTAL LAKE DR. POMPANO BEACH, FL 33064
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>SB VP</del> LEE, <del>SEAN</del> RICK <input type="checkbox"/> Delete 4311 CRYSTAL LAKE DR. POMPANO BEACH, FL 33064
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ROTELLA, BRUCE <input checked="" type="checkbox"/> Delete 4311 CRYSTAL LAKE DRIVE POMPANO BEACH, FL 33064
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LAMPAGNOLI, MARY <input type="checkbox"/> Delete 4311 CRYSTAL LAKE DRIVE POMPANO BEACH, FL 33064
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MARLA CUMMINGS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4311 CRYSTAL LAKE DR POMP. Bch FL 33064
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NADMI CLIFFORD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4311 CRYSTAL LAKE DR Pomp. Bch FL 33064
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE **X Richard Lee**

DATE **3/21/05**