


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 21, 2006 8:00 am
Secretary of State

03-21-2006 90020 025 ****61.25

DOCUMENT # 717265					
1. Entity Name WINCAST ARMS NORTH CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 4311 CRYSTAL LAKE DRIVE POMPANO BEACH, FL 33064			Mailing Address 10211 W SAMPLE RD 109 CORAL SPRINGS, FL 33065		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1459515	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
RISDEN, LINDA 10211 W SAMPLE RD #109 CORAL SPRINGS, FL 33065			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	SECRETARY DIRECTOR	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CUMMINGS, MARLA		NAME		
STREET ADDRESS	4311 CRYSTAL LAKE DR		STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH, FL 33064		CITY-ST-ZIP		
TITLE	SECRETARY PRESIDENT	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEE, RICK		NAME		
STREET ADDRESS	4311 CRYSTAL LAKE DR.		STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH, FL 33064		CITY-ST-ZIP		
TITLE	SECRETARY SECRETARY	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLIFFORD, NAOMI		NAME		
STREET ADDRESS	4311 CRYSTAL LAKE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH, FL 33064		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMPAGNOLI, MARY		NAME		
STREET ADDRESS	4311 CRYSTAL LAKE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH, FL 33064		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Richard Lee</u> RICHARD LEE				3-13-06	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	