


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 14, 2008 8:00 am**  
**Secretary of State**

03-14-2008 90030 040 \*\*\*\*61.25

<b>DOCUMENT # 717265</b>					
1. Entity Name <b>WINCAST ARMS NORTH CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business % SWIFT MANAGEMENT SOLUTIONS, INC. 1750 UNIVERSITY DRIVE, #205 CORAL SPRINGS, FL 33071			Mailing Address % SWIFT MANAGEMENT SOLUTIONS, INC. 1750 UNIVERSITY DRIVE, #205 CORAL SPRINGS, FL 33071		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-1459515</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SWIFT MANAGEMENT SOLUTIONS, INC. 1750 UNIVERSITY DRIVE, #205 CORAL SPRINGS, FL 33071			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CUMMINGS, MARLA		NAME	BURROWS, ALLAN	
STREET ADDRESS	4311 CRYSTAL LAKE DR		STREET ADDRESS	4311 CRYSTAL LAKE DR. #201	
CITY-ST-ZIP	POMPANO BEACH, FL 33064		CITY-ST-ZIP	DEERFIELD BEACH, FL 33064	
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEE, RICK		NAME	LEE, RICK	
STREET ADDRESS	4311 CRYSTAL LAKE DR.		STREET ADDRESS	4311 CRYSTAL LAKE DR. #117	
CITY-ST-ZIP	POMPANO BEACH, FL 33064		CITY-ST-ZIP	DEERFIELD BEACH, FL 33064	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CLIFFORD, NAOMI		NAME	TUNA, KATHY	
STREET ADDRESS	4311 CRYSTAL LAKE DRIVE		STREET ADDRESS	4311 CRYSTAL LAKE DR #209	
CITY-ST-ZIP	POMPANO BEACH, FL 33064		CITY-ST-ZIP	DEERFIELD BEACH, FL 33064	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAMPAGNOLI, MARY		NAME	CLIFFORD, NAOMI	
STREET ADDRESS	4311 CRYSTAL LAKE DRIVE		STREET ADDRESS	4311 CRYSTAL LAKE DR #415	
CITY-ST-ZIP	POMPANO BEACH, FL 33064		CITY-ST-ZIP	DEERFIELD BEACH, FL 33064	
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	CAMPAGNOLI, MARY	
STREET ADDRESS			STREET ADDRESS	4311 CRYSTAL LAKE DR #217	
CITY-ST-ZIP			CITY-ST-ZIP	DEERFIELD BEACH, FL 33064	
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	BURROWS, TAMILIA	
STREET ADDRESS			STREET ADDRESS	4311 CRYSTAL LAKE DR #201	
CITY-ST-ZIP			CITY-ST-ZIP	DEERFIELD BEACH, FL 33064	
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>[Signature]</u>			Date: <u>2/26/2008</u>		Daytime Phone #: <u>954-341-10340</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #