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May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 725454 (3)
1. Corporation Name
WINSTON PARK NORTHEAST 300/400 ASSOCIATION, INC.



Principal Place of Business: 10033 9TH ST N 2ND FLOOR ST. PETERSBURG FL 33716
Mailing Address: 10033 9TH ST N 2ND FLOOR ST. PETERSBURG FL 33716-3804

3. Date Incorporated or Qualified: 02/02/1973
3a. Date of Last Report: 04/19/1996
4. FEI Number: 59-1535284
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24)
2a. Mailing Address (25-28)
22. Suite, Apt. #, etc. (22)
23. City & State (23)
24. Zip (24), Country (25)
25. Suite, Apt. #, etc. (25)
26. City & State (26)
27. Zip (27), Country (28)
28. Zip (28), Country (29)
29. Zip (29), Country (30)

9. Name and Address of Current Registered Agent
OSBURN, BILLY K
RAMPORT PROPERTIES INC
10033 9TH ST N 2ND FL
ST PETERSBURG FL 33716

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: FL

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 reappointing) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	T	<input type="checkbox"/> DELETE
NAME	GAY, JACK	
STREET ADDRESS	4720 LOCUST ST NE #307	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	TANIS, ROBERT	
STREET ADDRESS	4880 LOCUST ST NE #330	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PERRY, HERMAN	
STREET ADDRESS	4720 LOCUST ST NE #104	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	GREGORY, NETTIE	
STREET ADDRESS	4715 BAY ST NE #335	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	FEDAK, MILDRED	
STREET ADDRESS	4880 LOCUST ST NE 222	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	HOFF, HAROLD	
STREET ADDRESS	4895 BAY ST N UNIT 307	
CITY-ST-ZIP	ST PETE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

Attached

14. I do 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 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: Jack Gay 4/25/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Declaring Phone: 0051204

CR2E037 (9/96)

T

Gay, Jack
10033 9th Street North
St. Petersburg, Florida

VD

Gregory, Nettie
10033 9th Street North
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Buche, Roger ^D
10033 9th Street North
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Reedman, Ted ^D
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