

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2006 8:00 am
Secretary of State

02-28-2006 90009 010 ****61.25

DOCUMENT # 736626

1. Entity Name
WINSTON TOWERS 500 ASSOCIATION, INC.



Principal Place of Business
**301 174TH STREET
MIAMI BEACH, FL 33160**

Mailing Address
**301 174TH STREET
MIAMI BEACH, FL 33160**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02092006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-1688020

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**KUSHNER, ARNOLD
301 174TH STREET
SUNNY ISLES BEACH, FL 33160**

7. Name and Address of New Registered Agent

Name **Christian Lebrell**
Street Address (P.O. Box Number is Not Acceptable)
301-174th St. WT 500 Bldg
Sunny Isles Beach, FL 33160
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

[Signature]

PRESIDENT

2/10/06

Signature, if not printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	BROWN, RICHARD	
STREET ADDRESS	301-174TH ST	
CITY-ST-ZIP	MIAMI BEACH, FL 33160	
TITLE	PD	<input type="checkbox"/> Delete
NAME	KUSHNER, ARNOLD	
STREET ADDRESS	301-174TH ST	
CITY-ST-ZIP	SUNNY ISLES BEACH, FL 33160	
TITLE	D	<input type="checkbox"/> Delete
NAME	FINO, BEN	
STREET ADDRESS	301-174TH ST	
CITY-ST-ZIP	MIAMI BEACH, FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BRANDT, ELIZA	
STREET ADDRESS	301-174TH ST	
CITY-ST-ZIP	SUNNY ISLES BEACH, FL 33160	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GOODMAN, GERALD	
STREET ADDRESS	301-174 ST	
CITY-ST-ZIP	MIAMI BEACH, FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HEATON, DAVID	
STREET ADDRESS	301 174TH STREET	
CITY-ST-ZIP	SUNNY ISLES BEACH, FL 33160	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Christian Lebrell	
STREET ADDRESS	301-174th St	
CITY-ST-ZIP	Sunny Isles Beach, FL 33160	
TITLE	Kushner, ARNOLD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIRECTOR	
STREET ADDRESS	301-174th St.	
CITY-ST-ZIP	Sunny Isles Beach, FL 33160	
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rodriguez ALFONSO	
STREET ADDRESS	301-174th. Sunny Isles, FL 33160	
TITLE	V.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRANDT, ELIZA	
STREET ADDRESS	301-174th St.	
CITY-ST-ZIP	Sunny Isles Beach, FL 33160	
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Goodman, Gerald	
STREET ADDRESS	301-174th St	
CITY-ST-ZIP	Sunny Isles Beach, FL 33160	
TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARY KRYSAL	
STREET ADDRESS	301-174th Street	
CITY-ST-ZIP	Sunny Isles Beach, FL 33160	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/06 **305-931-2628**

Date

Daytime Phone #