


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 02, 2008 8:00 am**  
**Secretary of State**

04-02-2008 90022 046 \*\*\*\*61.25

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| <b>DOCUMENT # 736626</b><br>1. Entity Name<br>WINSTON TOWERS 500 ASSOCIATION, INC. |  |
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| Principal Place of Business<br>301 174TH STREET<br>MIAMI BEACH, FL 33160 | Mailing Address<br>301 174TH STREET<br>MIAMI BEACH, FL 33160 |
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|--|---------|---------------------|---------|
| 2. Principal Place of Business - No P.O. Box # |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.                            |         | Suite, Apt. #, etc. |         |
| City & State                                   |         | City & State        |         |
| Zip  | Country | Zip                 | Country |

03172008 Chg-NP CR2E037 (12/06)

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| 4. FEI Number<br>59-1688020 | Applied For<br>Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent<br><br>KUSHNER, ARNOLD<br>301 174TH, W 500 BLVD<br>SUNNY ISLES BEACH, FL 33160 | 7. Name and Address of New Registered Agent<br>Name <u>BAKALAR REICHNER, P. A.</u><br>Street Address (P.O. Box Number is Not Acceptable) <u>150 SOUTH Pine Island Road - Ste. 540</u><br><u>Plantation, FL - 33324-2669</u><br>City <u>FL</u> Zip Code |
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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 *Paul Reichner, V.P.* Bakalar & Eichner, P.A. DATE 3/24/08

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

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| <b>Filing Fee is \$61.25<br/>Due by May 1, 2008</b> | 9. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be<br>Added to Fees | Make check payable to<br>Florida Department of State |
|---|--|--------------------------------|--|

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| 10. OFFICERS AND DIRECTORS                     |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>LEBRELL, CHRISTIAN<br>301-174TH ST<br>SUNNY ISLES BEACH, FL 33160 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | V.P.<br>Bernice Bayers<br>301-174th St. Sunny Isles, FL 33160 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>KUSHNER, ARNOLD<br>301-174TH ST<br>SUNNY ISLES BEACH, FL 33160 <input type="checkbox"/> Delete               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | D<br>Barry Geister<br>301-174th St - Sunny Isles FL, 33160 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T<br>RODRIGUEZ, ALFONSO<br>301-174TH ST<br>SUNNY ISLES, FL 33160 <input type="checkbox"/> Delete                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | D<br>Victoria Hasbun<br>301-174th St - Sunny Isles Beach, FL 33160 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>BRANDT, ELIZA<br>301-174TH ST<br>SUNNY ISLES, FL 33160 <input checked="" type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | D<br>Roberta Marino<br>301-174th St - Sunny Isles Beach, FL 33160 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP<br>GOODMAN, GERALD<br>301-174 ST<br>SUNNY ISLE, FL 33160 <input type="checkbox"/> Delete                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | Goodman, Gerald<br>Secretary<br>301-174th St.<br>Sunny Isles Beach, FL 33160 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>KRYSTAL, MARY<br>301-174TH ST<br>SUNNY ISLES BEACH, FL 33160 <input checked="" type="checkbox"/> Delete      | TITLE<br>NAME<br>STREET ADDRESS<br>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: *Paul Reichner* DATE 3/15/08 DAYTIME PHONE # 305 932 1223

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR