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FILED
Apr 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **709736** (3)
1. Corporation Name
WINFIELD GARDENS SOUTH CONDOMINIUM, ASS.

Principal Place of Business 6530 WINFIELD BLVD MARGATE FL 33063	Mailing Address 6530 WINFIELD BLVD MARGATE FL 33063
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3. Date Incorporated or Qualified

10/08/1965

4. FEI Number

59-1164806

Applied For

Not Applicable

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

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

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**COLLINS, ROBERT
6500 WINFIELD BLVD
APT 106
MARGATE FL 33067**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	HARRIS, DOROTHY	
STREET ADDRESS	6510 WINFIELD BLVD	
CITY-ST-ZIP	MARGATE FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	DEHART, RICHARD	
STREET ADDRESS	6580 WINFIELD BLVD APT 103	
CITY-ST-ZIP	MARGATE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MUNIZ, RENE	
STREET ADDRESS	6510 WINFIELD BLVD	
CITY-ST-ZIP	MARGATE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MANDELOWSKI, CECILIA	
STREET ADDRESS	6540 WINFIELD BLVD, APT 101	
CITY-ST-ZIP	MARGATE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ORBAN, JACQUELINE	
STREET ADDRESS	6510 WINFIELD BLVD.	
CITY-ST-ZIP	MARGATE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SKINTA, ALICE	
STREET ADDRESS	6540 WINFIELD BLVD.	
CITY-ST-ZIP	MARGATE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	FRANK ALAGNA	
1.3 STREET ADDRESS	6560 WINFIELD BLVD.	
1.4 CITY-ST-ZIP	MARGATE, FL. 33063	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	NANCY LOPEZ	
2.3 STREET ADDRESS	6510 WINFIELD BLVD.	
2.4 CITY-ST-ZIP	MARGATE, FL. 33063	
3.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	LOIS HYSKA	
3.3 STREET ADDRESS	6510 WINFIELD BLVD.	
3.4 CITY-ST-ZIP	MARGATE, FL.	
4.1 TITLE	S.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	JACQUELINE ORBAN	
4.3 STREET ADDRESS	4336 N.W. 92nd. TERR.	
4.4 CITY-ST-ZIP	CORAL SPRINGS, FL. 33065	
5.1 TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Robert Collins	
5.3 STREET ADDRESS	6500 Winfield Blvd Apt 106	
5.4 CITY-ST-ZIP	Margate, FL 33067	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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: **ROBERT COLLINS**

4-12-98 **974-3252**

CR2E037 (10/97)