



2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90284 006 ****61.25

DOCUMENT # 709736 1. Entity Name WINFIELD GARDENS SOUTH CONDOMINIUM, ASS.					
Principal Place of Business 3300 UNIVERSITY DR. #405 CORAL SPRINGS, FL 33065			Mailing Address 3300 UNIVERSITY DR. #405 CORAL SPRINGS, FL 33065		
2. Principal Place of Business 6560 WINFIELD Blvd Suite, Apt. #, etc.		3. Mailing Address 7932 WILES Rd Suite, Apt. #, etc.			
City & State MARGATE FL Zip 33063		City & State CORAL SPRINGS FL Zip 33067		4. FEI Number 59-1164806	
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent UNITED COMMUNITY MANAGEMENT CORP 3300 UNIVERSITY DR. #405 CORAL SPRINGS, FL 33065				7. Name and Address of New Registered Agent Name KATZMAN + KORB Street Address (P.O. Box Number is Not Acceptable) 5581 W. OAKLAND PARK BLVD City LAUDERHILL FL Zip Code 33313	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD DEHART, RICHARD 6560 WINFIELD BLVD. #103 MARGATE, FL 33063	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HARRIS, DORTHY 6510 WINFIELD BLVD. #205 MARGATE, FL 33063	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEHART, MARIE 6560 WINFIELD BLVD. #103 MARGATE, FL 33063	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, RUSSELL 6510 WINFIELD BLVD. #101 MARGATE, FL 33063	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARESCA, ANTHONY 6510 WINFIELD BLVD. #104 MARGATE, FL 33063	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEINER, AIMEE 6560 WINFIELD BLVD. #105 MARGATE, FL 33063	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR - SECRETARY FINK, JUDY 6500 WINFIELD BLVD #103 MARGATE FL 33063				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR GRAY, WAYNE 6500 WINFIELD BLVD #101 MARGATE FL 33063				
12. 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 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>Richard DeHart</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3/23/04 954-3445353 <small>Date Daytime Phone #</small>		