

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 709736

Entity Name: WINFIELD GARDENS SOUTH CONDOMINIUM, ASS.**Current Principal Place of Business:**

% CONSOLIDATED COMMUNITY MGT, INC.
7124 N. NOB HILL ROAD
TAMARAC, FL 33321

Current Mailing Address:

% CONSOLIDATED COMMUNITY MGT, INC.
7124 N. NOB HILL ROAD
TAMARAC, FL 33321 US

FEI Number: 59-1164806**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**

THE FRYDMAN LAW GROUP, PLLC
7301 WILES ROAD
#201
CORAL SPRINGS, FL 33076 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VP
Name COLLAZO, JODI
Address % CONSOLIDATED COMMUNITY MGT
7124 N. NOB HILL ROAD
City-State-Zip: TAMARAC FL 33321

Title SECRETARY
Name FINK, JUDY
Address % CONSOLIDATED COMMUNITY
MGMT
7124 N. NOB HILL ROAD
City-State-Zip: TAMARAC FL 33321

Title TREASURER
Name ROBLES, OMAR
Address % CONSOLIDATED COMMUNITY MGT,
INC.
7124 N. NOB HILL ROAD
City-State-Zip: TAMARAC FL 33321

Title PRESIDENT
Name HIMMIGHOEFER, JUNE
Address % CONSOLIDATED COMMUNITY MGT
7124 N. NOB HILL ROAD
City-State-Zip: TAMARAC FL 33321

Title DIRECTOR
Name GAULT, LORETTA
Address % CONSOLIDATED COMMUNITY
MGMT
7124 N. NOB HILL ROAD
City-State-Zip: TAMARAC FL 33321

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JUNE HIMMIGHOEFER**P****03/20/2018**

Electronic Signature of Signing Officer/Director Detail

Date