

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 717265

**Entity Name:** WINCAST ARMS NORTH CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Feb 09, 2024**  
**Secretary of State**  
**6900050376CC**

**Current Principal Place of Business:**

7680 NOB HILL ROAD  
TAMARAC, FL 33321

**Current Mailing Address:**

C/O PHOENIX MANAGEMENT SERVICES, INC  
7680 NOBHILL ROAD  
TAMARAC, FL 33321 US

**FEI Number:** 59-1459515

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

VALANCY & REED, P.A.  
310 SE 13TH STREET  
FORT LAUDERDALE, FL 33316 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           DIRECTOR, VP  
Name           MIZEJEWSKI, STEVE  
Address        C/O PHOENIX MANAGEMENT  
                  SERVICES, INC  
                  7680 NOBHILL ROAD  
City-State-Zip: TAMARAC FL 33321

Title           TREASURER, DIRECTOR  
Name           PRADO, INGRID  
Address        C/O PHOENIX MANAGEMENT  
                  SERVICES, INC  
                  7680 NOBHILL ROAD  
City-State-Zip: TAMARAC FL 33321

Title           DIRECTOR  
Name           RIGGO, JOSEPH  
Address        C/O PHOENIX MANAGEMENT  
                  SERVICES, INC  
                  7680 NOBHILL ROAD  
City-State-Zip: TAMARAC FL 33321

Title           SECRETARY, DIRECTOR  
Name           MACHADO, ELIZABETH  
Address        C/O PHOENIX MANAGEMENT  
                  SERVICES, INC  
                  7680 NOBHILL ROAD  
City-State-Zip: TAMARAC FL 33321

Title           DIRECTOR, PRESIDENT  
Name           NEGRON, HOLLY  
Address        C/O PHOENIX MANAGEMENT  
                  SERVICES, INC  
                  7680 NOBHILL 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:** HOLLY NEGRON

**PRESIDENT**

**02/09/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date