

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 717265

Entity Name: WINCAST ARMS NORTH CONDOMINIUM ASSOCIATION, INC.

FILED
Apr 30, 2021
Secretary of State
3263529978CC

Current Principal Place of Business:

C/O JSB PROPERTY MANAGEMENT, INC.
P.O. BOX 50373
LIGHTHOUSE POINT, FL 33074

Current Mailing Address:

C/O JSB PROPERTY MANAGEMENT, INC.
P.O. BOX 50373
LIGHTHOUSE POINT, FL 33074 US

FEI Number: 59-1459515

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JENNINGS & VALANCY, P.A.
311 S 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	Title	T
Name	COLANGELO, KYLE	Name	COLANGELO, ANTHONY
Address	C/O JSB PROPERTY MANAGEMENT, INC. P.O. BOX 50373	Address	C/O JSB PROPERTY MANAGEMENT, INC. P.O. BOX 50373
City-State-Zip:	LIGHTHOUSE POINT FL 33074	City-State-Zip:	LIGHTHOUSE POINT FL 33074
Title	PRESIDENT	Title	SECRETARY, VP
Name	PRISTO-REVIER, VICTORIA	Name	HANLEY, MARGARET
Address	C/O JSB PROPERTY MANAGEMENT, INC. P.O. BOX 50373	Address	C/O JSB PROPERTY MANAGEMENT, INC. P.O. BOX 50373
City-State-Zip:	LIGHTHOUSE POINT FL 33074	City-State-Zip:	LIGHTHOUSE POINT FL 33074

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: PRISTO-REVIER , VICTORIA

P

04/30/2021

Electronic Signature of Signing Officer/Director Detail

Date