

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 717265

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

**FILED**  
**May 18, 2020**  
**Secretary of State**  
**9213278345CC**

**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  
Name            COLANGELO, KYLE  
Address        C/O JSB PROPERTY MANAGEMENT,  
                  INC.  
                  P.O. BOX 50373  
City-State-Zip: LIGHTHOUSE POINT FL 33074

Title            T  
Name            COLANGELO, ANTHONY  
Address        C/O JSB PROPERTY MANAGEMENT,  
                  INC.  
                  P.O. BOX 50373  
City-State-Zip: LIGHTHOUSE POINT FL 33074

Title            PRESIDENT  
Name            PRISTO-REVIER, VICTORIA  
Address        C/O JSB PROPERTY MANAGEMENT,  
                  INC.  
                  P.O. BOX 50373  
City-State-Zip: LIGHTHOUSE POINT FL 33074

Title            SECRETARY, VP  
Name            HANLEY, MARGARET  
Address        C/O JSB PROPERTY MANAGEMENT,  
                  INC.  
                  P.O. BOX 50373  
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: MARGARET HANLEY**

**VP**

**05/18/2020**

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

\_\_\_\_\_  
Date