# 2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT# 725454

#### Entity Name: WINSTON PARK NORTHEAST 300/400 ASSOCIATION, INC.

#### **Current Principal Place of Business:**

FIRSTSERVICE RESIDENTIAL 2870 SCHERER DRIVE N SUITE 100 ST. PETERSBURG, FL 33716

## **Current Mailing Address:**

FIRSTSERVICE RESIDENTIAL 2870 SCHERER DRIVE N SUITE 100 ST. PETERSBURG, FL 33716 US

## FEI Number: 59-1535284

## Name and Address of Current Registered Agent:

LANG AND RAFFA, PA 5001 4TH ST N STE A ST PETERSBURG, FL 33734 US Certificate of Status Desired: No

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

# **Officer/Director Detail :**

	Title	DIRECTOR	Title	PRESIDENT
	Name	DAVIS, LLOYD	Name	HANEY, JOHN
	Address	FIRSTSERVICE RESIDENTIAL 2870 SCHERER DRIVE N SUITE 100	Address	FIRSTSERVICE RESIDENTIAL 2870 SCHERER DRIVE N SUITE 100
	City-State-Zip:	ST. PETERSBURG FL 33716	City-State-Zip:	ST. PETERSBURG FL 33716
	Title	DIRECTOR	Title	DIRECTOR
	Name	ODER, JOHN	Name	PATSCOTT, JOHN
	Address	FIRSTSERVICE RESIDENTIAL 2870 SCHERER DRIVE N SUITE 100	Address	FIRSTSERVICE RESIDENTIAL 2870 SCHERER DRIVE N SUITE 100
	City-State-Zip:	ST. PETERSBURG FL 33716	City-State-Zip:	ST. PETERSBURG FL 33716
	Title	VP	Title	SECRETARY
	Name	DZIALO, KATHLEEN	Name	NAHON, BEVERLY
	Address	FIRSTSERVICE RESIDENTIAL 2870 SCHERER DRIVE N SUITE 100	Address	FIRSTSERVICE RESIDENTIAL 2870 SCHERER DRIVE N SUITE 100
	City-State-Zip:	ST. PETERSBURG FL 33716	City-State-Zip:	ST. PETERSBURG FL 33716
	Title	TREASURER		
	Name	SHERWOOD WHITE, J		
	Address	FIRSTSERVICE RESIDENTIAL 2870 SCHERER DRIVE N SUITE 100		

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: JOHN HANEY

City-State-Zip: ST. PETERSBURG FL 33716

PRESIDENT

01/17/2018 Date

Date

Electronic Signature of Signing Officer/Director Detail