DOCL	JMENT	# 725454	

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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

Current Principal Place of Business:

RESOURCE PROPERTY MANAGEMENT 5901 SUN BLVD SUITE 103 ST. PETERSBURG, FL 33715

Current Mailing Address:

RESOURCE PROPERTY MANAGEMENT 5901 SUN BLVD SUITE 103 ST. PETERSBURG, FL 33715 US

FEI Number: 59-1535284

Name and Address of Current Registered Agent:

LANG, NICK 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	NICK LANG			03/30/2020
	Electronic Signature of Registered Agent			Date
Officer/Dire	ctor Detail :			
Title	PRESIDENT	Title	VP	
Name	MCCAIN, KATHLEEN	Name	PRICE, KATHLEEN	
Address	RESOURCE PROPERTY MANAGEMENT 5901 SUN BLVD SUITE 103	Address	RESOURCE PROPERTY MANAGEMENT 5901 SUN BLVD SUITE 103	
City-State-Zip:	ST. PETERSBURG FL 33715	City-State-Zip:	ST. PETERSBURG FL 33715	
Title	SECRETARY	Title	TREASURER	
Name	ODER, JOHN	Name	EDUARDO, JANET	
Address	FIRSTSERVICE RESIDENTIAL 2870 SCHERER DRIVE N SUITE 100	Address	RESOURCE PROPERTY MANAGEMENT	
City-State-Zip:	ST. PETERSBURG FL 33716	City State Zin	5901 SUN BLVD SUITE 103	
Title	DIRECTOR	City-State-Zip:	ST. PETERSBURG FL 33715	
Name	HAMILTON, DIANNA	Title	DIRECTOR	
Address		Name	JERMONE, JOSEPH	
Address	RESOURCE PROPERTY MANAGEMENT 5901 SUN BLVD SUITE 103	Address	RESOURCE PROPERTY MANAGEMENT	
City-State-Zip:	ST. PETERSBURG FL 33715		5901 SUN BLVD SUITE 103	
		City-State-Zip:	ST. PETERSBURG FL 33715	
Title	DIRECTOR			
Name	FRYE, MICHAEL			
Address	RESOURCE PROPERTY MANAGEMENT 5901 SUN BLVD SUITE 103			
City-State-Zip:	ST. PETERSBURG FL 33715			

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: KAT	THLEEN MCCAIN	PRESIDENT	03/30/2020
Elec	tronic Signature of Signing Officer/Director Detail		Date