

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 09, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # 715131**

1. Entity Name

WINSTON BAY CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

5900 N.E. 7TH AVENUE  
106N  
BOCA RATON FL 33487  
US

5900 N.E. 7TH AVENUE  
106N  
BOCA RATON FL 33487  
US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1384741

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

1st MOORE

CR2E037 (10/06)



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SWINELL, JOSEPH  
5900 NE 7TH AVE  
106 N  
BOCA RATON FL 33487

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE: ☐ Delete  
NAME: TD  
STREET ADDRESS: BROOKS, DONALD A  
CITY-STATE-ZIP: 5900 NE 7TH AVE  
BOCA RATON FL 33487

TITLE: ☐ Delete  
NAME: S  
STREET ADDRESS: JAGGAR, JOAN  
CITY-STATE-ZIP: 5900 N.E. 7 AVE # 102N  
BOCA RATON FL 33487

TITLE: ☐ Delete  
NAME: D  
STREET ADDRESS: WHITE, DONALD  
CITY-STATE-ZIP: 5900 N.E. 7 AVE # 207S  
BOCA RATON FL 33487

TITLE: ☐ Delete  
NAME: V  
STREET ADDRESS: DWINELL, JOSEPH  
CITY-STATE-ZIP: 5900 N.E. 7 AVE # 106N  
BOCA RATON FL 33487

TITLE: ☐ Delete  
NAME: P  
STREET ADDRESS: O'GARA, GRALE  
CITY-STATE-ZIP: 5900 N.E. 7 AVE # 105N  
BOCA RATON FL 33487

TITLE: ☐ Delete  
NAME:   
STREET ADDRESS:   
CITY-STATE-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN-10

TITLE: ☐ Change ☐ Addition  
NAME:   
STREET ADDRESS: 000000661535  
CITY-STATE-ZIP: 03/20/07-80045-003 61.25

TITLE: ☐ Change ☐ Addition  
NAME:   
STREET ADDRESS:   
CITY-STATE-ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:   
STREET ADDRESS:   
CITY-STATE-ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:   
STREET ADDRESS:   
CITY-STATE-ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:   
STREET ADDRESS:   
CITY-STATE-ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:   
STREET ADDRESS:   
CITY-STATE-ZIP:

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

*Donald A Brooks*

8/10/07

561-213-2512