2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#721690

FILED Mar 19, 2009 Secretary of State

Entity Name: WINSTON TOWERS 200 ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 251 174TH STREET SUNNY ISLES BEACH, FL 33160 US **Current Mailing Address: New Mailing Address:** 251 174TH ST US SUNNY ISLES BEACH, FL 33160 FEI Number: 59-1367778 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LEONARD, GREENBERG CAM 251 174TH ST MANAGERS OFFICE SUNNY ISLES BEACH, FL 33160 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 **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: **PRES** () Delete () Change () Addition BRAVERMAN, SVETLANA Name: Name: 251 174TH ST - 1617 Address: Address: City-St-Zip: SUNNY ISLES BEACH, FL 33160 US City-St-Zip: Title: () Delete Title: (X) Change () Addition WOLNERMAN, ISRAEL Name: VASSERSHTEYN, VLADIMIR Name: Address: 251 17TH ST - 2111 Address: 251 17TH ST - 1202 City-St-Zip: SUNNY ISLES BEACH, FL 33160 US City-St-Zip: SUNNY ISLES BEACH, FL 33160 US Title: SEC () Delete Title: () Change () Addition LANGLEY, LILIAN Name: Name: Address: 251 174 STREET - 112 Address: City-St-Zip: SUNNY ISLES BEACH, FL 33160 US City-St-Zip: () Delete Title: **TRES** Title: () Change () Addition KUN, DORA Name: Name: Address: 251 17TH ST - 920 Address: City-St-Zip: SUNNY ISLES BEACH, FL 33160 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: SVETLANA BRAVERMAN PRES 03/19/2009