FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **723268** **(9)**

1. Corporation Name

WINSTON PARK NORTHEAST 200 ASSOCIATION, INC.

Principal Place of Business	Mailing Address
10033 9TH ST N 2ND FLOOR ST PETERSBURG FL 33716	10033 9TH ST N 2ND FLOOR ST PETERSBURG FL 33716

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/25/1972**
3a. Date of Last Report: **04/26/1994**
4. FEI Number: **59-1461580** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business (21): Suite, Apt #, etc (22): City & State (23): Zip (24): County (25)

2a. Mailing Address (26): Suite, Apt #, etc (27): City & State (28): Zip (29): County (30)

9. Name and Address of Current Registered Agent

OSBURN, BILLY K
10033 9TH ST N 2ND FLOOR
ST PETERSBURG, FL
33716

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	JETT, MARGARET	12 NAME	
STREET ADDRESS	4710 BAY ST NE #203	13 STREET ADDRESS	
CITY ST ZIP	ST PETERSBURG, FL ~~00000~~ 33703	14 CITY ST ZIP	
TITLE	TD	21 TITLE	☐ Change ☐ Addition
NAME	GROOVER, WALLACE	22 NAME	
STREET ADDRESS	4710 BAY ST NE #212	23 STREET ADDRESS	
CITY ST ZIP	ST PETERSBURG, FL ~~00000~~ 33703	24 CITY ST ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	SMILES, GABRIEL	32 NAME	
STREET ADDRESS	4890 BAY ST NE #121	33 STREET ADDRESS	
CITY ST ZIP	ST PETERSBURG, FL ~~00000~~ 33703	34 CITY ST ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	COMACK, JOHN	42 NAME	
STREET ADDRESS	4890 BAY ST NE #234	43 STREET ADDRESS	
CITY ST ZIP	ST PETERSBURG FL 33703	44 CITY ST ZIP	
TITLE	VD	51 TITLE	☐ Change ☐ Addition
NAME	LEATHERS, PAUL	52 NAME	
STREET ADDRESS	4890 BAY ST NE #229	53 STREET ADDRESS	
CITY ST ZIP	ST PETERSBURG FL 33703	54 CITY ST ZIP	
TITLE	SD	61 TITLE	☐ Change ☐ Addition
NAME	MOBRY, CLAIRE	62 NAME	
STREET ADDRESS	4890 BAY ST NE #337	63 STREET ADDRESS	
CITY ST ZIP	ST PETERSBURG FL 33703	64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X Margaret Jett — 4/28/95 — 027-34-8148
SIGNATURE AND TYPED OR PRINTED NAME OF BIDDING OFFICER OR DIRECTOR — Date — Daytime Phone #

D01A034