FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE Sandra B. Mörtham

Secretary of State **DIVISION OF CORPORATIONS**

1997

(9)

WINSTON PARK NORTHEAST 200 ASSOCIATION, INC.

Principal Place of Business

DOCUMENT #
1. Corporation Name

Mailing Address

FILED Jun 13 1997 8:00am Secretary of State



10033 9TH ST N 2ND FLOOR ST PETERSBURG FL 33716			10033 9TH ST N 2ND FLOOR ST PETERSBURG FL 33716-3804						
					-	3. Date Incorporated or Qualified 04/25/1972	3a. Date of Last F 05/01/19	Report 96	
2. Principal Place of Business			2a. Mailing Address			4. FEI Number			
21			26]			59-1461580	 - -	ot Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				<u> </u>	Additional	
22			27			Certificate of Status Desired		eguired	
City & State			City & State			6. Election Campaign Financing			
23			28			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip	Country		Zip	Country		8. This corporation has liability for in			
24	25	29	i	30			Yes No	100.002,	
	9. Name and Addres	a of Current Registe	ered Agent			10. Name and Address of New Rec	lstered Agent		
10033 9 ST PETE 33716	N, BILLY K TH ST N 2ND FLOOR ERSBURG, FL	200 £17 0£02 and £1	7 JEON Florido Cial de	83 City	Ramet Address	part Properties, (P.O. Box Number is Not Acceptable 9th Street North etersburg	e), 2nd F1	Code 7 1 6	
11. Pursuant to the provisions of Sections 617,0502 and 617,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its register 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 617,0503, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent eignature required when reinstating) DATE								ts registered registered	
12.		FICERS AND DIRECT			vre required w	<u> </u>	DATE	;; <u>, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	
TILE	S	FICENS AND DIRECT	Z DELETE	13. 1.1 TITLE	S	ADDITIONS/CHANGES TO OFFIC	. D Change	Addition	
NAME	JETT, MARGARET		ZZ OLCCIE	1.2 NAME	We	atherington, Bar	bara T	LI ADDINOR	
STREET ADDRESS 4710 BAY ST NE #203					10	033 9th Street N	orth	}	
CITY-ST-ZIP	ST PETERSBURG, I		1.3 STREET ADDRESS	ין אנ	. Petersburg, Fl	orida	ļį		
TITLE	TD	L 00000	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	- MD		☐ Change	Addition	
NAME	GROOVER, WALLAC	ne.	_ octor		TD		L., Grange	☐ Addition	
STREET ADDRESS	4710 BAY ST NE #	2L 212		2 2 NAME	10	Groover, Wallace			
	ST PETERSBURG, I		2.3 STREET AD		ˈˈˈsˈt	10033 9th Street North St. Petersburg, Florida			
CITY-ST-ZIP TITLE	0	L 00000	DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE	 D			Addition	
NAME	SMILES, GABRIEL		C OLLEGE		Šm	iles, Gabriel	Change	Addition	
	4890 BAY ST NE #	101		3.2 NAME	10	033 9th Street N	orth	rth	
STREET ADDRESS	ST PETERSBURG, I			3.3 STREET ADDRESS	St	10033 9th Street North St. Petersburg, Florida		İ	
CITY-ST-ZIP	D	-L 00000	DELETE	3.4. CITY-ST-ZIP					
TITLE	_	1	ES DECEIE	4.1 TITLE	D D	iles, Dottie	☐ Change	Addition	
NAME	ROBERTSON, JOHN			4. 2 NAME	10	10033 9th Street_North			
STREET ADDRESS	4890 BAY STREET		4.3 STREET ADDRESS		ŠĖŠť	. Petersburg, Fl	orida		
CITY-ST-ZIP	ST PETERSBURG F	<u>L</u>	(1)	4.4 CITY-ST-ZIP	_				
TITLE	VD		⚠ DELETE	5.1 TITLE	E_	hrau Claina	☐ Change	☐ Addition	
NAME	LEATHERS, PAUL			5.2 NAME	10	lobray, Claire 0033 9th Street North			
STREET ADDRESS	4890 BAY ST NE #		5.3 STREET ADDRESS		İİİ	. Petersburg, Fl	orida	ļ	
CITY-ST-ZIP	ST PETERSBURG F	<u>L</u>		5.4 CITY-ST-ZiP					
TITLE	p		DELETE	6.1 TITLE			☐ Change	Addition	
NAME	MOBRY, CLAIRE			6.2 NAME					
STREET ADDRESS	4890 BAY ST NE #	337		6.3 STREET ADDRESS	;				
CITY-ST-ZIP	ST PETERSBURG F	L		6.4 CITY - ST- ZIP	1				
44 Lela barak		*	f 11	-					

I do nereby certify that the information supplied with this filing 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.