

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS**FILED**  
**Apr 01, 1999 8:00 am**  
**Secretary of State**

04-01-1999 90014 035 \*\*\*\*61.25

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**DOCUMENT # 723268**

1. Corporation Name

**WINSTON PARK NORTHEAST 200 ASSOCIATION, INC.**Principal Place of Business  
10033 9TH ST N 2ND FLOOR  
ST PETERSBURG FL 33716Mailing Address  
10033 9TH ST N 2ND FLOOR  
ST PETERSBURG FL 33716

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		04/25/1972	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1461580	
City & State		City & State		Applied For	
23		28		Not Applicable	
Zip		Zip		5. Certificate of Status Desired <input type="checkbox"/>	
Country		Country		\$8.75 Additional Fee Required	
24		25		29	
30		31		6. Election Campaign Financing	
				Trust Fund Contribution <input type="checkbox"/>	
				\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RAMPART PROPERTIES INC  
10033 9TH ST N  
2ND FLOOR  
ST PETERSBURG FL 33716

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD <input type="checkbox"/> DELETE	1.1 TITLE	DAT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WEATHERINGTON, BARBARA	1.2 NAME	BRADBURY, DALLAS
STREET ADDRESS	10033 9TH ST N	1.3 STREET ADDRESS	10033 9th ST. N. 2nd Floor
CITY-ST-ZIP	ST PETERSBURG, FL 00000 33716-3805	1.4 CITY-ST-ZIP	St. Petersburg, FL 33716-3805
TITLE	TD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GROOVER, WALLACE	2.2 NAME	
STREET ADDRESS	10033 NINTH ST N 2ND FL	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG, FL 00000 33716-3805	2.4 CITY-ST-ZIP	
TITLE	DVP <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMILES, GABRIEL	3.2 NAME	
STREET ADDRESS	1033 NINTH ST N 2ND FLOOR	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG, FL 00000 33716-3805	3.4 CITY-ST-ZIP	
TITLE	DAT <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMILES, DOTTIE	4.2 NAME	
STREET ADDRESS	10033 NINTH ST N 2ND FL	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL 33716-3805	4.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOBRAY, CLAIRE	5.2 NAME	
STREET ADDRESS	10033 NINTH ST N 2ND FL	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL 33716-3805	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REMSEN, YOVA	6.2 NAME	
STREET ADDRESS	10033 NINTH ST N 2ND FL	6.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL 33716-3805	6.4 CITY-ST-ZIP	

14. I hereby 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, with all other like empowered.

SIGNATURE:

3-11-99 727-522-4861

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)