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CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAR 10 PM 8:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 727273 (5)

1. Corporation Name
WINSTON PARK ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O MIAMI MANAGEMENT 14538 SW 119 AVE. MIAMI FL 33186 US	C/O MIAMI MANAGEMENT 14538 SW 119 AVE. MIAMI FL 33186 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/28/1973
3a. Date of Last Report: 04/18/1994
4. FEI Number: 59-1552261 ☐ 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	2a. Mailing Address
21 MIAMI MANAGEMENT, INC.	26 MIAMI MANAGEMENT, INC.
22 Suite, Apt. 14275 SW 142 AVE. MIAMI, FL 33186	27 Suite, 14275 SW 142 AVE. MIAMI, FL 33186
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

SIEGFRIED, STEVEN
201 ALHAMBRA CIR.
#1102
MIAMI FL 33134

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	D	1.1 TITLE	Treas./Director	☐ Change ☑ Addition
NAME	PRIETO, CLEOFE F	1.2 NAME	Godoy, Gustavo	
STREET ADDRESS	8020 SW 134 AVE.	1.3 STREET ADDRESS	13741 SW 71 Lane	
CITY-ST-ZIP	MIAMI, FL 00000	1.4 CITY-ST-ZIP	Miami, FL.	
TITLE	V	2.1 TITLE	1st V.P./Director	☑ Change ☐ Addition
NAME	THOMPSON, GEORGE	2.2 NAME	Thompson, George	
STREET ADDRESS	13450 SW 82 ST	2.3 STREET ADDRESS	13450 SW 82 ST.	
CITY-ST-ZIP	MIAMI, FL 00000	2.4 CITY-ST-ZIP	Miami, FL.	
TITLE	T	3.1 TITLE	2nd V.P.	☑ Change ☐ Addition
NAME	COHEN, SCOTT T	3.2 NAME	Cohen, Scott T.	
STREET ADDRESS	13611 SW 78 ST	3.3 STREET ADDRESS	13611 SW 78 ST.	
CITY-ST-ZIP	MIAMI, FL 00000	3.4 CITY-ST-ZIP	Miami, FL.	
TITLE	P	4.1 TITLE		☐ Change ☐ Addition
NAME	MOSS, MILES	4.2 NAME		
STREET ADDRESS	12900 SW 84 ST	4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 00000	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE	Sec./Director	☑ Change ☐ Addition
NAME	HOPPER, SHERRIE B	5.2 NAME	Delgado, Noreen A.	
STREET ADDRESS	13005 SW 76TH TERR	5.3 STREET ADDRESS	13525 SW 72 Terr.	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	Miami, FL.	
TITLE	SD	6.1 TITLE	Sargent-At-Arms	☑ Change ☐ Addition
NAME	SMITH, LINCOLN	6.2 NAME	Smith, Lincoln	
STREET ADDRESS	12900 SW 79 ST	6.3 STREET ADDRESS	12900 SW 79 St.	
CITY-ST-ZIP	MIAMI, FL 00000	6.4 CITY-ST-ZIP	Miami, FL.	

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: C. F. Prieto
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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