

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **727273** (5)

1. Corporation Name

WINSTON PARK ASSOCIATION, INC.



Principal Place of Business

Mailing Address

C/O MIAMI MANAGEMENT
14275 SW 142 AVE
MIAMI FL 33186
US

C/O MIAMI MANAGEMENT
14275 SW 142 AVE.
MIAMI FL 33186
US

3. Date Incorporated or Qualified

08/28/1973

3a. Date of Last Report

03/10/1995

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number

59-1552261

Applied For

Not Applicable

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

City & State

23

City & State

28

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

Zip

24

Country

25

Zip

29

Country

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

TITLE ☐ DELETE

NAME **D
PRIETO, CLEOF E F**
STREET ADDRESS **8020 SW 134 AVE.**
CITY - ST - ZIP **MIAMI, FL 00000**

TITLE ☐ DELETE

NAME **VPD
THOMPSON, GEORGE**
STREET ADDRESS **13450 SW 82 ST**
CITY - ST - ZIP **MIAMI, FL 00000**

TITLE ☐ DELETE

NAME **VP
COHEN, SCOTT T**
STREET ADDRESS **13611 SW 78 ST**
CITY - ST - ZIP **MIAMI, FL 00000**

TITLE ☐ DELETE

NAME **P
MOSS, MILES**
STREET ADDRESS **12900 SW 84 ST**
CITY - ST - ZIP **MIAMI, FL 00000**

TITLE ☐ DELETE

NAME **SD
DELGADO, NOREEN A**
STREET ADDRESS **13525 SW 72 TERR.**
CITY - ST - ZIP **MIAMI FL**

TITLE ☐ DELETE

NAME **SAA
SMITH, LINCOLN**
STREET ADDRESS **12900 SW 79 ST**
CITY - ST - ZIP **MIAMI, FL 00000**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME **T/D
PRIETO, CLEOF E F**
1.3 STREET ADDRESS **8020 S W 134 AVE**
1.4 CITY - ST - ZIP **MIAMI FL**

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME **D
THOMPSON, GEORGE**
2.3 STREET ADDRESS **13450 S W 82 ST**
2.4 CITY - ST - ZIP **MIAMI FL**

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME **VP/D
GODOY, GUSTAVO**
3.3 STREET ADDRESS **13741 S W 71 LN**
3.4 CITY - ST - ZIP **MIAMI FL**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 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)(k), 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: *

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)