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Feb 03 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **727273** (5)

1. Corporation Name

WINSTON PARK ASSOCIATION, INC.

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

08/28/1973

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. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☒ Yes ☐ No

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

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

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	TD	<input checked="" type="checkbox"/> DELETE
NAME	PRIETO, CLEOF E	
STREET ADDRESS	8020 SW 134RD AVENUE	
CITY-ST-ZIP	MIAMI FL	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CARLOS A. GONZALEZ	
STREET ADDRESS	13250 S.W. 86 TERRACE	
CITY-ST-ZIP	MIAMI FL	

TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	GODOY, GUSTAVO	
STREET ADDRESS	13741 SW 71ST LANE	
CITY-ST-ZIP	MIAMI FL	

TITLE	P / Director	<input type="checkbox"/> DELETE
NAME	MOSS, MILES	
STREET ADDRESS	12900 SW 84 ST	
CITY-ST-ZIP	MIAMI, FL 00000	

TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	DELGADO, NOREEN A	
STREET ADDRESS	13525 SW 72 TERR.	
CITY-ST-ZIP	MIAMI FL	

TITLE	SAA	<input checked="" type="checkbox"/> DELETE
NAME	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	TREASURER / Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Yvonne E. Emmanuelli	
1.3 STREET ADDRESS	8002 S. W. 133 Place	
1.4 CITY-ST-ZIP	Miami, FL 33183	

2.1 TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Barbara Lee Rapp	
2.3 STREET ADDRESS	13110 S. W. 84 Street	
2.4 CITY-ST-ZIP	Miami, FL 33183	

3.1 TITLE	1st Vice President / Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	George Thompson	
3.3 STREET ADDRESS	13450 S. W. 82 Street	
3.4 CITY-ST-ZIP	Miami, Florida 33183	

4.1 TITLE	SAME / Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE	SECRETARY / Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Sherry Ritt Maer	
5.3 STREET ADDRESS	7424 S. W. 128 Court	
5.4 CITY-ST-ZIP	Miami, FL 33183	

6.1 TITLE	2nd VICE PRESIDENT / Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Scott T. Cohen	
6.3 STREET ADDRESS	13611 S. W. 78 St.	
6.4 CITY-ST-ZIP	Miami, FL 33183	

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.

SIGNATURE:

*Yvonne E. Emmanuelli*

1/8/98

305/3863854

CR2E037 (10/97)