

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2001 8:00 am
Secretary of State

02-13-2001 90569 008 ****61.25

000 112

DOCUMENT # 727273

1. Entity 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**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1552261

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: **TD** Delete
 NAME: **EMMANUELLI, YVONNE E**
 STREET ADDRESS: **8002 SW 133 PLACE**
 CITY-ST-ZIP: **MIAMI FL 33183**

TITLE: **SARGENT-AT-ARMS** Change Addition
 NAME: **JOSE A. NIEVES**
 STREET ADDRESS: **13440 S.W. 82 ST**
 CITY-ST-ZIP: **MIAMI FL 33183**

TITLE: **D** Delete
 NAME: **RAPP, BARBARA L**
 STREET ADDRESS: **13110 SW 84TH ST**
 CITY-ST-ZIP: **MIAMI FL 33183**

TITLE: Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: **FVPD** Delete
 NAME: **THOMPSON, GEORGE**
 STREET ADDRESS: **13450 SW 82ND ST**
 CITY-ST-ZIP: **MIAMI FL 33183**

TITLE: Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: **PD** Delete
 NAME: **MOSS, MILES**
 STREET ADDRESS: **12900 SW 84 ST**
 CITY-ST-ZIP: **MIAMI, FL 00000**

TITLE: Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: **SD** Delete
 NAME: **MAER, SHERRY R**
 STREET ADDRESS: **7424 SW 128TH CT**
 CITY-ST-ZIP: **MIAMI FL 33183**

TITLE: Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: **SVPD** Delete
 NAME: **COHEN, SCOTT T**
 STREET ADDRESS: **13611 SW 78TH ST**
 CITY-ST-ZIP: **MIAMI, FL 00000 33183**

TITLE: Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/01/01

(305) 386-3854

Date

Daytime Phone #

CR2E037 (10/00)