

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # 727273
1. Entity 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
3. Mailing Address

Suite, Apt. #, etc.
Suite, Apt. #, etc.

City & State
City & State

Zip
Country
Zip
Country

6. Name and Address of Current Registered Agent

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

4. FEI Number
59-1552261
Applied For
Not Applied

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent-signature required when reappointing) DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**
9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**
Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD EMMANUELLI, YVONNE E 8002 SW 133 PLACE MIAMI FL 33183	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FVPD THOMPSON, GEORGE 13450 SW 82ND ST MIAMI FL 33183	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MOSS, MILES 12900 SW 84 ST MIAMI, FL 00000	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MAER, SHERRY R 7424 SW 128TH CT MIAMI FL 33183	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPD COHEN, SCOTT T 13611 SW 78TH ST MIAMI, FL 00000 33183	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Add

RECEIVED
02/03/2006 013 6125
JAN 19 2006

PROPERTY
DATE RECD
GIL CODE 5240 AMOUNT

APPROVED BY:
CK# 8700 CK DATE 1/25 MAIL DATE 1/27/06

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 a address, with all other like empowered.

SIGNATURE: [Signature] 1/25/06 (305) 386-3854