

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2007 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**

DO NOT WRITE IN THIS SPACE



01052007 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-1552261

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

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IN THIS SPACE**

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 reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

000000601070
01/26/07-80036-002 61.25

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #