

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2003 8:00 am
Secretary of State

02-12-2003 90085 013 ****61.25

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

4. FEI Number **59-1552261**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

CHECK HERE IF MAKING CHANGES



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. 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

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	TD EMMANUELLI, YVONNE E	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	8002 SW 133 PLACE MIAMI FL 33183	
TITLE NAME	D RAPP, PETER	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	13110 SW 84TH ST MIAMI FL 33183	
TITLE NAME	FVPD THOMPSON, GEORGE	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	13450 SW 82ND ST MIAMI FL 33183	
TITLE NAME	PD MOSS, MILES	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	12900 SW 84 ST MIAMI, FL 00000	
TITLE NAME	SD MAER, SHERRY R	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	7424 SW 128TH CT MAIMI FL 33183	
TITLE NAME	SVPD COHEN, SCOTT T	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	13611 SW 78TH ST MIAMI, FL 00000 33183	

TITLE NAME	SQT-AT-ARMS JOSE A. NIEVES	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	13440 S.W. 82 ST MIAMI FL 33183	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: **REQUIRED**

2/6/3 **(305) 386-3854**

CR2E037 (10/02)