


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Feb 22, 2007 8:00 am
Secretary of State

01-19-2007 90028 048 ****61.25

DOCUMENT # 737988 1. Entity Name WINSLOW BEACH CONDOMINIUM ASSOCIATION CORP.	
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Principal Place of Business 6399 AZURE LANE A-27 COCOA BEACH, FL 32931	Mailing Address 6399 AZURE LANE A-27 COCOA BEACH, FL 32931
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DO NOT WRITE IN THIS SPACE



01082007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1736887	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LA PRIE, KATHY
6401 AZURE LN
COCOA BEACH, FL 32931

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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 _____ (NOTE: Registered Agent signature required when re-registering) 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 MAGUN, CHRIS 6401 AZURE LN B24 COCOA BEACH, FL 32931
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD O'BRYAN, WILLIAM 21465 ATLANTIC AVE WARREN, MI 48091
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PLEASANT, JOYCE 434 SPRINGDALE CIR PALM SPRINGS, FL 33461
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RINCK, HORST 6399 AZURE LN COCOA BEACH, FL 32931
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LA PRIE, KATHY 6401 AZURE LN COCOA BEACH, FL 32931
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: William D. O'Bryan President 2-20-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #