
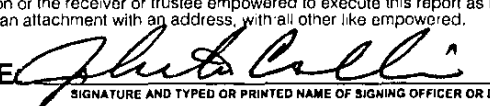


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2008 08:00 AM
Secretary of State

DOCUMENT # 737988 1. Entity Name WINSLOW BEACH CONDOMINIUM ASSOCIATION CORP.					
Principal Place of Business 6399 AZURE LANE A-27 COCOA BEACH, FL 32931			Mailing Address 6399 AZURE LANE A-27 COCOA BEACH, FL 32931		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FBI Number 59-1736887	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
LA PRIE, KATHY 6401 AZURE LN COCOA BEACH, FL 32931				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing <input type="checkbox"/> 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	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MAGUN, CHRIS		NAME		
STREET ADDRESS	6401 AZURE LN B24		STREET ADDRESS		
CITY-ST-ZIP	COCOA BEACH, FL 32931		CITY-ST-ZIP	01/18/08-80037-011 61.25	
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	O'BRYAN, WILLIAM		NAME		
STREET ADDRESS	21465 ATLANTIC AVE		STREET ADDRESS		
CITY-ST-ZIP	WARREN, MI 48091		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PLEASANT, JOYCE		NAME		
STREET ADDRESS	434 SPRINGDALE CIR		STREET ADDRESS		
CITY-ST-ZIP	PALM SPRINGS, FL 33461		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RINCK, HORST		NAME		
STREET ADDRESS	6399 AZURE LN		STREET ADDRESS		
CITY-ST-ZIP	COCOA BEACH, FL 32931		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LA PRIE, KATHY		NAME		
STREET ADDRESS	6401 AZURE LN		STREET ADDRESS		
CITY-ST-ZIP	COCOA BEACH, FL 32931		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 			Date _____ Daytime Phone # _____		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					