

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 737988

FILED  
Jan 09, 2009  
Secretary of State

Entity Name: WINSLOW BEACH CONDOMINIUM ASSOCIATION CORP.

**Current Principal Place of Business:**

6399 AZURE LANE  
A-27  
COCOA BEACH, FL 32931

**New Principal Place of Business:**

**Current Mailing Address:**

6399 AZURE LANE  
A-27  
COCOA BEACH, FL 32931

**New Mailing Address:**

FEI Number: 59-1736887

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: TD ( ) Delete  
Name: MAGUN, CHRIS  
Address: 6401 AZURE LN B24  
City-St-Zip: COCOA BEACH, FL 32931

Title: PD ( ) Delete  
Name: O'BRYAN, WILLIAM  
Address: 21465 ATLANTIC AVE  
City-St-Zip: WARREN, MI 48091

Title: SD ( ) Delete  
Name: PLEASANT, JOYCE  
Address: 434 SPRINGDALE CIR  
City-St-Zip: PALM SPRINGS, FL 33461

Title: D ( ) Delete  
Name: RINCK, HORST  
Address: 6399 AZURE LN  
City-St-Zip: COCOA BEACH, FL 32931

Title: D ( ) Delete  
Name: LA PRIE, KATHY  
Address: 6401 AZURE LN  
City-St-Zip: COCOA BEACH, FL 32931

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM O'BRYAN

PD

01/09/2009

Electronic Signature of Signing Officer or Director

Date