

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 27 PM 4:11

DOCUMENT # 750912 (8)

1. Corporation Name

WINSTON CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

7151 LOCKWOOD RD
LAKE WORTH FL 33467
US

Mailing Address

7151 LOCKWOOD RD
LAKE WORTH FL 33467
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/01/1980	3a. Date of Last Report 04/26/1994
4. FBI Number 59-1990679	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country

9. Name and Address of Current Registered Agent

KOPELOWITZ, HARVEY G., ESQ.
700 S.E. 3RD AVENUE
FORT LAUDERDALE FL 33316

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	☒ Change ☐ Addition
STREET ADDRESS	STREET ADDRESS	1.2 NAME	(SAME)
CITY-ST-ZIP	CITY-ST-ZIP	1.3 STREET ADDRESS	137 S. SWINTON AV #5
		1.4 CITY-ST-ZIP	ZIP = 33444
TITLE	NAME	2.1 TITLE	☒ Change ☐ Addition
STREET ADDRESS	STREET ADDRESS	2.2 NAME	(SAME)
CITY-ST-ZIP	CITY-ST-ZIP	2.3 STREET ADDRESS	7151 LOCKWOOD RD
		2.4 CITY-ST-ZIP	LAKE WORTH, FL 33467
TITLE	NAME	3.1 TITLE	☐ Change ☒ Addition
STREET ADDRESS	STREET ADDRESS	3.2 NAME	
CITY-ST-ZIP	CITY-ST-ZIP	3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	ZIP = 33064
TITLE	NAME	4.1 TITLE	☐ Change ☐ Addition
STREET ADDRESS	STREET ADDRESS	4.2 NAME	
CITY-ST-ZIP	CITY-ST-ZIP	4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
TITLE	NAME	5.1 TITLE	☐ Change ☐ Addition
STREET ADDRESS	STREET ADDRESS	5.2 NAME	
CITY-ST-ZIP	CITY-ST-ZIP	5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
TITLE	NAME	6.1 TITLE	☐ Change ☐ Addition
STREET ADDRESS	STREET ADDRESS	6.2 NAME	
CITY-ST-ZIP	CITY-ST-ZIP	6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Richard D. Kirk
SIGNATURE AND TYPED OR PRINTED NAME OF MOING OFFICER OR DIRECTOR

RICHARD D. KIRK

01/21/95

(407) 443-4090