

**AMENDED
FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

03 MAY 21 PM 1:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 750912

1. Entity Name

WINSTON CONDOMINIUM ASSOCIATION, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

137 S. SWINTON AVENUE

Suite, Apt. #, etc.

3. Mailing Address

117A N.E. 5TH AVENUE

Suite, Apt. #, etc.

200020416382
06/03/03--01018--001 **\$1.25

DO NOT WRITE IN THIS SPACE

City & State

DELRAY BEACH, FL 33445

Zip

Country

City & State

DELRAY BEACH, FL 33483

Zip

Country

4. FEI Number

59-1990679

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

FRANK X. CID

Street Address (P.O. Box Number is Not Acceptable)

117A N.E. 5TH AVENUE

City

DELRAY BEACH, FL

FL

Zip Code
33483

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 reappointing)

DATE

4/30/03

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

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

Frank X. Cid
117A N.E. 5th Avenue
Delray Beach, FL 33483

D/P

TITLE
NAME
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CITY-ST-ZIP

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**DO NOT WRITE
IN THIS SPACE**

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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/03 561-819-0600
Date Daytime Phone #

CR2E034B (12/02)

ATTACHMENT
750912

LAW OFFICES OF
JAMES N. REYER, P.A.
5301 NORTH FEDERAL HIGHWAY, SUITE 130
BOCA RATON, FLORIDA 33487

TELEPHONE: 561-241-9003
FACSIMILE: 561-988-9892

MEMBER OF FLORIDA & NEW YORK BARS

WARREN MAMBERG
OF COUNSEL
MEMBER OF NEW YORK BAR

May 2, 2003

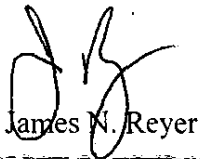
Florida Department of State
Division of Corporations
Uniform Business Report Section
Post Office Box 1500
Tallahassee, FL 32302

SUBJECT: Amended Uniform Business Report
Winston Condominium Association, Inc.

To Whom It May Concern:

Enclosed please find an amended Uniform Business Report for our client, Winston Condominium Association, Inc. along with a check in the amount of \$61.25 for the filing fee. Please utilize the new address contained on the report for all future correspondence with this corporation. Thank you for your cooperation in this matter. If you have any further questions, please do not hesitate to contact this office.

Very truly yours,


James N. Reyer

enc.

JR/nls