2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED Jul 20, 2009 **DOCUMENT# 756277** Secretary of State

Entity Name: WINSTON TOWERS MASTER CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

290 174 STREET 230 174 STREET

#1701 #2204

SUNNY ISLES BEACH, FL 33160 US SUNNY ISLES BEACH, FL 33160 US

Current Mailing Address: New Mailing Address:

290 174 STREET 230 174 STREET

APT 1701 #2204

SUNNY ISLES BEACH, FL 33160 US SUNNY ISLES BEACH, FL 33160 US

FEI Number: 59-1310661 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

AELION, ISAAC 16711 COLLINS AVE. APT 2302 SUNNY ISLES BEACH, FL 33160 US

OFFICERS AND DIRECTORS:

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:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete COHEN, JACK SCHNITZER, MICHAEL Name: Name:

290 174TH STREET - APT 1701 Address: 230 174TH STREET - APT 2204 Address: City-St-Zip: SUNNY ISLES BEACH, FL 33160 US City-St-Zip: SUNNY ISLES BEACH, FL 33160 US

Title: () Delete Title: (X) Change () Addition

REINHARD, NATASHA Name: SAS, MOSHE Name:

Address: 231 174TH STREET - APT 1701 Address: 290 174TH STREET - APT 1805 City-St-Zip: SUNNY ISLES BEACH, FL 33160 US City-St-Zip: SUNNY ISLES BEACH, FL 33160 US

Title: SD () Delete Title: () Change () Addition

AELION, ISAAC Name: Name: 16711 COLLINS AVE. # 2302 Address: Address: City-St-Zip: SUNNY ISLES BEACH, FL 33160 US City-St-Zip:

(X) Change () Addition Title: TD () Delete Title: TD

Name: REINHARD, JAY Name: REINHARD, NATASHA

231 174TH STREET - APT 1701 231 174TH STREET - APT 1701 Address: Address: City-St-Zip: SUNNY ISLES BEACH, FL 33160 US City-St-Zip: SUNNY ISLES BEACH, FL 33160 US

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: ISAAC AELION SD 07/20/2009