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Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90020 047 ***150.00

**PROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K87056

1. Corporation Name

WINSTON TRAILS DEVELOPMENT CORP.



Principal Place of Business

633 SKOKIE BLVD
SUITE 602
NORTHBROOK IL 60062-2858
US

Mailing Address

633 SKOKIE BLVD
SUITE 602
NORTHBROOK IL 60062-2858
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/10/1989

2. Principal Place of Business

21 **1725 Sidewinder Dr**
Suite, Apt. #, etc.

2a. Mailing Address

26 **1725 Sidewinder Dr**
Suite, Apt. #, etc.

4. FEI Number

36-3646588

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

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

22 **Suite 1000**
City & State

27 **Suite 1000**
City & State

23 **Park City UT**
Zip Country

28 **Park City UT**
Zip Country

24 **84060** 25 **USA**

29 **84060** 30 **USA**

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

(NOT E: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PTD** ☐ DELETE
NAME **REINS DORF, JERRY M.**
STREET ADDRESS **633 SKOKIE BLVD SUITE 206**
CITY-ST-ZIP **NORTHBROOK IL 60062**

TITLE **VSD** ☐ DELETE
NAME **JUDELSON, ROBERT A**
STREET ADDRESS **633 SKOKIE BLVD SUITE 206**
CITY-ST-ZIP **NORTHBROOK IL 60062**

TITLE **AS** ☐ DELETE
NAME **PENNER, GERALD M.**
STREET ADDRESS **525 W. MONROE STREET #1600**
CITY-ST-ZIP **CHICAGO IL 60661**

TITLE **AS** ☐ DELETE
NAME **CHANESS, LARRY**
STREET ADDRESS **633 SKOKIE BLVD SUITE 206**
CITY-ST-ZIP **NORTHBROOK IL 60062**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PTD** ☒ Change ☐ Addition
1.2 NAME **Reinsdorf, Jerry M**
1.3 STREET ADDRESS **1725 Sidewinder Dr. Suite 1000**
1.4 CITY-ST-ZIP **Park City, UT 84060**

2.1 TITLE **VSD** ☒ Change ☐ Addition
2.2 NAME **Judelson, Robert A.**
2.3 STREET ADDRESS **1725 Sidewinder Dr. Suite 1000**
2.4 CITY-ST-ZIP **Park City, UT 84060**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE **AS** ☒ Change ☐ Addition
4.2 NAME **Chaneess, Larry**
4.3 STREET ADDRESS **1725 Sidewinder Dr. Suite 1000**
4.4 CITY-ST-ZIP **Park City, UT 84060**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/99

(435) 645-7755

CR2E034 (11/98)