FILE NOW: FILING FEE IS $61.25

FILED
Apr 21 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # **N05256** **(5)**

1. Corporation Name

WINTER GARDEN CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
8955 COLLINS AVENUE SURFSIDE FL 33154	8955 COLLINS AVENUE SURFSIDE FL 33154-3516

3. Date Incorporated or Qualified: 09/20/1984
3a. Date of Last Report: 07/19/1996

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: 59-2468618 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ORTEGA, OSVADO
8955 COLLINS AVE
#303
SURFSIDE FL 33154

10. Name and Address of New Registered Agent

81 Name: ALBERT MORO
82 Street Address (P.O. Box Number is Not Acceptable): 8955 Collins Ave Apt #311
83
84 City: SURFSIDE FL 85 Zip Code: 33154

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: _____ Albert Moro 4/16/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when registering) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES
TITLE	PD (1) ☐ DELETE	1.1 TITLE
NAME	ORTEGA, OSVALDO	1.2 NAME
STREET ADDRESS	8955 COLLINS AVE, APT 303	1.3 STREET ADDRESS
CITY-ST-ZIP	SURFSIDE FL	1.4 CITY-ST-ZIP
TITLE	VP (2) ☐ DELETE	2.1 TITLE ☐ CHANGE ☐ Addition
NAME	MIRABITO, JOHN	2.2 NAME
STREET ADDRESS	8955 COLLINS AVE, APT. 301	2.3 STREET ADDRESS
CITY-ST-ZIP	SURFSIDE FL	2.4 CITY-ST-ZIP
TITLE	TD ☐ DELETE	3.1 TITLE TD (4) ☐ Change ☑ Addition
NAME	BLAKE, CELIA	3.2 NAME FONT ROBERTO R
STREET ADDRESS	8955 COLLINS AVE, APT 215	3.3 STREET ADDRESS 8955 COLLINS AVE. APT 211 (4)
CITY-ST-ZIP	SURFSIDE FL	3.4 CITY-ST-ZIP SURFSIDE FL 33154
TITLE	(S) (1) ☐ DELETE	4.1 TITLE PD ☐ Change ☐ Addition
NAME	MMORO, ALBERT	4.2 NAME MORO, ALBERT
STREET ADDRESS	8955 COLLINS AVE., APT. 311	4.3 STREET ADDRESS 8955 COLLINS AVE APT 311
CITY-ST-ZIP	SURFSIDE FL 33154	4.4 CITY-ST-ZIP SURFSIDE, FL. 33154
TITLE	D (3) ☐ DELETE	5.1 TITLE 200002149382 ☐ Change ☐ Addition
NAME	COBELO, ROBERTO	5.2 NAME -04/21/97--01115--048
STREET ADDRESS	8955 COLLINS AVE #211	5.3 STREET ADDRESS ***61.25
CITY-ST-ZIP	SURFSIDE FL 33154	5.4 CITY-ST-ZIP
TITLE	☐ DELETE	6.1 TITLE S (5) ☐ Change ☑ Addition
NAME		6.2 NAME BORGELLA RENE
STREET ADDRESS		6.3 STREET ADDRESS 8955 COLLINS AVE APT 106
CITY-ST-ZIP		6.4 CITY-ST-ZIP SURFSIDE, FL. 33154

RW 4-21-97

CR2E037 (9/96)

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: SIGNATURE REQUIRED Albert Moro (President) 2-1-97 (305) 865-4277
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0030920