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04-16-1999 90024 016 ****61.25

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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # N05256

1. Corporation Name

WINTER GARDEN CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

8955 COLLINS AVENUE
SURFSIDE FL 33154

Mailing Address

8955 COLLINS AVENUE
SURFSIDE FL 33154



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified
09/20/1984

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
59-2468618

Applied For
☐ Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MORO, ALBERT
8955 COLLINS AVE
#311
SURFSIDE FL 33154

81 Name
ORTEGA, OSVALDO

82 Street Address (P.O. Box Number is Not Acceptable)
8955 COLLINS AVE. # 303

83

84 City
SURFSIDE

85 Zip Code
FL 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

OSVALDO ORTEGA - PRESIDENT

2/01/99

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 ☐ DELETE
NAME **PD ORTEGA, OSVALDO**
STREET ADDRESS **8955 COLLINS AVE, APT 303**
CITY-ST-ZIP **SURFSIDE FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☒ DELETE
NAME **TD FONT, ROBERTO**
STREET ADDRESS **8955 COLLINS AVENUE APT. 211**
CITY-ST-ZIP **SURFSIDE FL 33154**

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME **TD CALCANES, CATHERINE**
2.3 STREET ADDRESS **8955 COLLINS AVENUE APT. 105**
2.4 CITY-ST-ZIP **SURFSIDE, FL 33154**

TITLE ☒ DELETE
NAME **VP MORO, ALBERT**
STREET ADDRESS **8955 COLLINS AVE., APT. 311**
CITY-ST-ZIP **SURFSIDE FL 33154**

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

TITLE ☐ DELETE
NAME **D COBELO, ROBERTO**
STREET ADDRESS **8955 COLLINS AVE #211**
CITY-ST-ZIP **SURFSIDE FL 33154**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **S BORGELLA, RENE**
STREET ADDRESS **8955 COLLINS AVENUE APT 106**
CITY-ST-ZIP **SURFSIDE FL 33154**

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME **VP BORGELLA, RENE**
5.3 STREET ADDRESS **8955 COLLINS AVENUE APT. 106**
5.4 CITY-ST-ZIP **SURFSIDE, FL 33154**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME **S VELAZQUES, SERGIO**
6.3 STREET ADDRESS **8955 COLLINS AVENUE, APT 315**
6.4 CITY-ST-ZIP **SURFSIDE FL 33154**

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 617, 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 REQUIRED** **OSVALDO ORTEGA - PRESIDENT 2/01/99 (305) 266-0211**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)