

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 02, 2000 8:00 am**  
**Secretary of State**

03-02-2000 90070 033 \*\*\*\*61.25

**DOCUMENT # N05256**

Entity 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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2468618**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ORTEGA, OSVALDO  
 8925 COLLINS AVE #303  
 SURFSIDE FL 33154**

Name  
**Moro, Alberto**

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

**8955 Collins Avenue # 311**

City

**Surfside**

**FL**

Zip Code

**33154**

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.

SIGNATURE  **Alberto Moro, President**

**2/14/00**

DATE

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00 May Be  
 Added to Fees**

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|  |  |  |  |  |  |
|--|--|--|--|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>ORTEGA, OSVALDO<br>8955 COLLINS AVE, APT 303<br>SURFSIDE FL          | <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>MORO, ALBERTO<br>8955 Collins Ave. Apt 311<br>Surfside, FL. 33154        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TD<br>CALCANES, CATHERINE<br>8955 COLLINS AVE APT 105<br>SURFSIDE FL 33154 | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP<br>CALCANES, CATHERINE<br>8955 Collins Ave. Apt. 105<br>Surfside, FL. 33154 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>COBELO, ROBERTO<br>8955 COLLINS AVE #211<br>SURFSIDE FL 33154         | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP<br>BORGELLA, RENE<br>8955 COLLINS AVENUE APT 106<br>SURFSIDE FL 33154   | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>BORGELLA, RENE<br>8955 Collins Ave. Apt. 106<br>Surfside, FL. 33154       | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S<br>VELAZQUES, SERGIO<br>8955 COLLINS AVE APT 106<br>SURFSIDE FL 33154    | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TD<br>FONT, ROBERTO<br>8955 Collins Ave. Apt. 211<br>Surfside, FL. 33154       | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

 **SIGNATURE REQUIRED**

**2/14/00 (305) 865-4277**

CR2E037 (9/99)