

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Feb 11, 2002 8:00 am**  
**Secretary of State**

02-11-2002 90074 046 \*\*\*\*61.25

**DOCUMENT # N05256**

1. Entity 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

Suite, Apt. #, etc.

City &amp; State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

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

**MORO, ALBERTO  
8955 COLLINS AVE #311  
SURFSIDE FL 33154**

7. Name and Address of New Registered Agent

Name

**GONZALEZ, JORGE**

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

**8955 Collins Ave. #210**

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

Signature, typed or printed name of registered agent and title if applicable.

**Jorge Gonzalez - President**

(NOTE: Registered Agent signature required when reinstating)

**1/23/02**

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	<b>MORO, ALBERTO</b>	
STREET ADDRESS	<b>8955 COLLINS AVE, APT 303</b>	
CITY-ST-ZIP	<b>MIAMI FL 33154</b>	
TITLE	VP	<input type="checkbox"/> Delete
NAME	<b>CALCANES, CATHERINE</b>	
STREET ADDRESS	<b>8955 COLLINS AVE APT 105</b>	
CITY-ST-ZIP	<b>SURFSIDE FL 33154</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>COBELO, ROBERTO</b>	
STREET ADDRESS	<b>8955 COLLINS AVE #211</b>	
CITY-ST-ZIP	<b>SURFSIDE FL 33154</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>GONZALEZ, JORGE</b>	
STREET ADDRESS	<b>8955 COLLINS AVE APT 210</b>	
CITY-ST-ZIP	<b>SURFSIDE FL 33154</b>	
TITLE	S	<input type="checkbox"/> Delete
NAME	<b>BEERS, ROSEMARIE</b>	
STREET ADDRESS	<b>8955 COLLINS AVE APT 203</b>	
CITY-ST-ZIP	<b>SURFSIDE FL 33-1545</b>	
TITLE	TD	<input type="checkbox"/> Delete
NAME	<b>FONT, ROBERTO</b>	
STREET ADDRESS	<b>8955 COLLINS AVE APT 211</b>	
CITY-ST-ZIP	<b>SURFSIDE FL 33154</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Hector Martinez</b>	
STREET ADDRESS	<b>8955 Collins Ave. Apt. 114</b>	
CITY-ST-ZIP	<b>Surfside, FL 33154</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GONZALEZ, JORGE</b>	
STREET ADDRESS	<b>8955 Collins Ave. Apt. 210</b>	
CITY-ST-ZIP	<b>Surfside, FL 33154</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:****Jorge Gonzalez - President**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1/23/02 (305) 866-9606**

CR2E037 (9/01)