FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

TITLE

NAME

N22401

11781 LEE JACKSON MEM. HWY #320

FAIRFAX VA 22033

(6)

WINSTON PARK SECTION ONE-A HOMEOWNERS ASSOCIATIO N, INC.

Principal Place of Business Mailing Address % JOSHUA A MUSS 11781 LEE JACKSON MEMORIAL HWY #320 % WINSTON PARK 1215 E HILLSBORO LBVD DEERFIELD BOH FL 33441 FAIRFAX VA 22033 3a. Date of Last Report 04/25/1996 3. Date Incorporated or Qualified 09/08/1987 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 52-1662850 21 26 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 28 Zip Zip Country Country 8. This corporation has liability for intangible tax under s. 199,032, Yes No 25 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name WEBBER, DAVID 82 Street Address (P.O. Box Number is Not Acceptable) 8000 IRONHORSE BLVD. 83 WEST PALM BEACH FL 33412 84 City 85 Zip Code 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 96/6) DELETE Change Addition TITLE 1.1 TITLE MUSS, JOSHUA A. NAME 1.2 NAME 11781 LEE JACKSON MEM. HWY #320 STREET ADDRESS 1.3 STREET ADDRESS FAIRFAX VA 22033 CITY-ST-ZIP 1.4 CITY-ST-ZIP □ DELETE Change Addition TITLE 2.1 TITLE WEBBER, DAVID NAME 2.2 NAME STREET ADDRESS 8000 IRONHORSE BLVD. 2.3 STREET ADDRESS WEST PALM BEACH FL 33412 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME DENNEN, MARVIN L 3.2 NAME

CITY-ST-ZIP 6.4 CITY - ST - ZIP 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 oranged, or on an attachment with an address. A. Odar

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

4.4 CITY-ST-ZIP

3.4. CITY-ST-ZIP

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

□ DELETE

DELETE

DELETE

ula lan

□ Change

Change

Change

Addition

Addition

Addition

FILED

Apr 10 1997 8:00am

Secretary of State