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Apr 10 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 # N30072 (5)
1. Corporation Name
WINSTON PARK SECTION TWO HOMEOWNERS' ASSOCIATION
INC.



Principal Place of Business Mailing Address
C/O JOHN A. MUSS % CAMPBELL PROPERTY MANAGEMENT
11781 LEE JACKSON MEM HWY. #320 1215 E HILLSBOR BLVD
FAIRFAX VA 22033 DEERFIELD BEACH FL 33441-4203
US US

3. Date Incorporated or Qualified 01/09/1989 3a. Date of Last Report 04/25/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	65-0172510	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27		
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23	28		
Zip	Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	Yes No
24	25		
Country	Country		
29	30		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WEBBER, DAVE
8000 IRONHORSE BLVD.
WEST PALM BEACH FL 33412

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
FL	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 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	PD	1.1 TITLE	
NAME	MUSS, JOSHUA A.	1.2 NAME	
STREET ADDRESS	11781 LEE JACKSON MEM. HWY #320	1.3 STREET ADDRESS	
CITY-ST-ZIP	FAIRFAX VA 22033	1.4 CITY-ST-ZIP	
TITLE	TD	2.1 TITLE	
NAME	DENNEN, MARVIN L	2.2 NAME	
STREET ADDRESS	11781 LEE JACKSON MEM. HWY #320	2.3 STREET ADDRESS	
CITY-ST-ZIP	FAIRFAX VA 22033	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	
NAME	WEBBER, DAVID	3.2 NAME	
STREET ADDRESS	8000 IRONHORSE BLVD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33412	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
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 changed, or on any attachment with an address.

SIGNATURE: [Signature] 4/10/97

CR2E037 (9/96)