

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2008 8:00 am
Secretary of State

02-27-2008 90009 032 ****61.25

DOCUMENT # N93000000605 1. Entity Name WINSTON TRAILS FOUNDATION, INC.					
Principal Place of Business 5980 WINSTON TRAILS BLVD. LAKE WORTH, FL 33463 US				Mailing Address 5980 WINSTON TRAILS BLVD. LAKE WORTH, FL 33463 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent ST. JOHN, CORE & LEMME, P.A. 1601 FORUM PLACE SUITE 701 WEST PALM BEACH, FL 33441 33401				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____	
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ <small>Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MARTIN, WALTER 6332 SHADOW TREE LANE LAKE WORTH, FL 33463	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Carolyn Symonds 5980 Winston Trails Blvd. Lake Worth, FL 33463
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BURGIO, JOSEPH 5922 NEWPORT VILLAGE WAY LAKE WORTH, FL 33463	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Joseph Burgio 5922 Newport Vlg Way Lake Worth, FL 33463
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BADER, MARCY 6820 STARPASS CT LAKE WORTH, FL 33413	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Bert Reiff 6231 Grand Cypress Cr. Lake Worth, FL 33463
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HILLER, HAROLD 5582 MUIRFIELD VILLAGE CIRCLE LAKE WORTH, FL 33463	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Alan Karpe 5980 Winston Trails Blvd. Lake Worth, FL 33463
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARTER, CHUCK 5612 EAGLE TRACE CT LAKE WORTH, FL 33463	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Brad Bastien 5980 Winston Trails Blvd. Lake Worth, FL 33463
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REIFF, BERT 6231 GRAND CYPRESS CIRCLE LAKE WORTH, FL 33463	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Buddy Albert 5980 Winston Trails Blvd. Lake Worth, FL 33463
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 2/26/08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					