

**2025 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F98000003944

**Entity Name:** WINSTON PARK CENTER, INC.**Current Principal Place of Business:**10 STATE HOUSE SQUARE  
C/O UBS REALTY INVESTORS LLC 12TH FLOOR  
HARTFORD, CT 06103**Current Mailing Address:**10 STATE HOUSE SQUARE  
C/O UBS REALTY INVESTORS LLC 12TH FLOOR  
HARTFORD, CT 06103 US**FEI Number:** 33-0825666**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 US*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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR, PRESIDENT  
Name MAGUIRE, JEFFREY G  
Address 10 STATE HOUSE SQUARE  
C/O UBS REALTY INVESTORS LLC  
12TH FLOOR  
City-State-Zip: HARTFORD CT 06103

Title SECRETARY  
Name KAPILOFF, STEVEN M  
Address 10 STATE HOUSE SQUARE  
C/O UBS REALTY INVESTORS LLC  
12TH FLOOR  
City-State-Zip: HARTFORD CT 06103

Title TREASURER  
Name KUTA, CAROL M.  
Address 10 STATE HOUSE SQUARE  
C/O UBS REALTY INVESTORS LLC  
12TH FLOOR  
City-State-Zip: HARTFORD CT 06103

Title DIRECTOR, SENIOR VICE PRESIDENT  
Name GILBERTIE, PETER J  
Address 10 STATE HOUSE SQUARE  
C/O UBS REALTY INVESTORS LLC  
12TH FLOOR  
City-State-Zip: HARTFORD CT 06103

Title VP  
Name DIAKOGEOGIU, VASILIOS  
Address 10 STATE HOUSE SQUARE  
C/O UBS REALTY INVESTORS LLC  
12TH FLOOR  
City-State-Zip: HARTFORD CT 06103

Title VP  
Name PIERSON ROY , BARBARA  
Address 10 STATE HOUSE SQUARE  
C/O UBS REALTY INVESTORS LLC  
12TH FLOOR  
City-State-Zip: HARTFORD CT 06103

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE: STEVEN M. KAPILOFF****SECRETARY****04/28/2025**

Electronic Signature of Signing Officer/Director Detail

Date