

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2000 8:00 am
Secretary of State

02-08-2000 90043 045 ****61.25

DOCUMENT # 770737

1. Entity Name

LAKE WINDWOOD CONDOMINIUM II ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**2650 GREENWOOD TERR.
 BOCA RATON FL 33431**

**2650 GREENWOOD TERR.
 BOCA RATON FL 33431-8266**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2390507

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SINGKORNAT, CLAUDIA
 341 EASTWOOD TERR
 BOCA RATON FL 33431**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
 NAME SINGKORNAT, CLAUDIA
 STREET ADDRESS 341 EASTWOOD TERR
 CITY-ST-ZIP BOCA RATON FL 33431 ☐ Delete

TITLE ☐ Change ☐ Add
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE SD
 NAME PELLEGRINI, MARIA
 STREET ADDRESS 2650 GREENWOOD TERR. #G-123
 CITY-ST-ZIP BOCA RATON FL 33431 ☒ Delete

TITLE S/D
 NAME Carbaugh, Karey
 STREET ADDRESS 2650 Greenwood Terr. #G-122
 CITY-ST-ZIP Boca Raton, FL 33431 ☐ Change ☒ Add

TITLE D
 NAME MESSINA, LOUIS G
 STREET ADDRESS 2650 GREENWOOD #G-115
 CITY-ST-ZIP BOCA RATON FL 33431 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Add

TITLE
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 CITY-ST-ZIP ☐ Delete

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 CITY-ST-ZIP ☐ Change ☐ Add

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

President
Dr Claudia Singkornat
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/1/00