

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 20, 2008 8:00 am**  
**Secretary of State**

03-20-2008 90031 030 \*\*\*\*61.50

|  |  |   |   |
|--|--|---|---|
| <b>DOCUMENT # 761130</b><br>1. Entity Name<br><b>WINDING LAKE AT WELLEBY CONDOMINIUM ASSOCIATION, INC.</b>   |  |   |   |
| Principal Place of Business<br><b>2035 HARDING STREET<br/>#200<br/>HOLLYWOOD, FL 33020</b>   |  | Mailing Address<br><b>2035 HARDING STREET<br/>#200<br/>HOLLYWOOD, FL 33020</b>  |   |
| 2. Principal Place of Business - No P.O. Box #<br><b>Association Services of FLA.<br/>Suite, Apt. #, etc.<br/>10112 USA TODAY Way</b>  |  | 3. Mailing Address<br><b>Association Services of FLA.<br/>Suite, Apt. #, etc.<br/>10112 USA TODAY Way</b>   |   |
| City & State<br><b>Micamox FL</b>  |  | City & State<br><b>Micamox FL</b>   |   |
| Zip<br><b>33025</b>  |  | Zip<br><b>33025</b>   |   |
| Country<br><b>Broward</b>  |  | Country<br><b>Broward</b>   |   |
| 6. Name and Address of Current Registered Agent<br><b>DEVELOPMENT CONSULTANTS, INC.<br/>2035 HARDING STREET<br/>#200<br/>HOLLYWOOD, FL 33020</b>   |  | 7. Name and Address of New Registered Agent<br>Name <b>Barbara Herndon</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>ASSOCIATION SERVICES OF FLORIDA</b><br><b>10112 USA Today Way</b><br>City <b>Micamox</b> State <b>FL</b> Zip Code <b>33025</b> |   |
| 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.<br>SIGNATURE<br>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE <b>3-15-08</b>  |  |   |   |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2008</b>  |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees  |   |
| <b>Make check payable to<br/>Florida Department of State</b>   |  |   |   |
| <b>10. OFFICERS AND DIRECTORS</b>  |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP  | PD<br>COLEMAN, LIBBY<br>10005 WINDING LAKE RD., #102<br>SUNRISE, FL <input type="checkbox"/> Delete                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP  | D<br>ROSENBERG, KEN<br>10054 WINDING LAKE RD., 203<br>FORT LAUDERDALE, FL 33351 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP   | Collins Debbie<br>10059 Winding Lake RD., 102<br>Sunrise, FL 33351 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP  | D<br>MULLEN, DENISE<br>10059 WINDING LAKE RD, # 104<br>SUNRISE, FL 33351 <input type="checkbox"/> Delete                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP  | VP<br>MILMEN, HELENE<br>10001 WINDING LAKE RD # 104<br>SUNRISE, FL 33351 <input checked="" type="checkbox"/> Delete        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP   | VP<br>Rothenberg Ian<br>10054 Winding Lake RD., 203<br>Sunrise, FL 33351 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP  | T<br>KRACOFF, ELLEN<br>10005 WINDING LAKE RD #105<br>SUNRISE, FL 33351 <input checked="" type="checkbox"/> Delete          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP   | T<br>Milman Helene<br>10001 Winding Lake RD., 104<br>Sunrise, FL 33351 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP  | S<br>PERLINE, EDWARD<br>3801 ENVIRON BLVD<br>LAUDERHILL, FL 33319 <input checked="" type="checkbox"/> Delete               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP   | S<br>Rothenberg Howard<br>10054 Winding Lake RD., 203<br>Sunrise, FL 33351 <input type="checkbox"/> Change <input type="checkbox"/> Addition          |
| 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. |  |   |   |
| <b>SIGNATURE:</b><br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>Libby Coleman President 3/5/08</b> <b>954-772-6966</b>  |  |   |   |