

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 761130

FILED
Mar 20, 2012
Secretary of State

Entity Name: WINDING LAKE AT WELLEBY CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

ASSOCIATION SERVICES OF FLORIDA
10112 USA TODAY WAY
MIRAMAR, FL 33025

New Principal Place of Business:

C/O CONSOLIDATED COMMUNITY MGMT, INC.
7124 N. NOB HILL ROAD
TAMARAC, FL 33321

Current Mailing Address:

ASSOCIATION SERVICES OF FLORIDA
10112 USA TODAY WAY
MIRAMAR, FL 33025

New Mailing Address:

C/O CONSOLIDATED COMMUNITY MGMT, INC.
7124 N. NOB HILL ROAD
TAMARAC, FL 33321

FEI Number: 59-2213255

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SKRBIN, GEORGE PRES
ASSOCIATION SERVICES OF FLORIDA
10112 USA TODAY WAY
MIRAMAR, FL 33025 US

Name and Address of New Registered Agent:

CHERYL LEVIN P.A.
4694 NW 103 AVENUE
SUNRISE, FL 33351 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: CHERYL LEVIN

03/20/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES
Name: SCIALO, SALVATORE
Address: 10051 WINDING LAKE ROAD, #202
City-St-Zip: SUNRISE, FL 33351

Title: TRES
Name: MILMAN, HELENE
Address: 10001 WINDING LAKE ROAD, #104
City-St-Zip: SUNRISE, FL 33351

Title: SEC
Name: TABLER, BARBARA
Address: 10003 WINDING LAKE ROAD, #105
City-St-Zip: SUNRISE, FL 33351

Title: DIR
Name: COLEMAN, LIBBY
Address: 10005 WINDING LAKE ROAD, #102
City-St-Zip: SUNRISE, FL 33351

Title: DIR
Name: MULLEN, DENISE
Address: 10059 WINDING LAKE ROAD, #104
City-St-Zip: SUNRISE, FL 33351

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: SALVATORE SCIALO

PRES

03/20/2012

Electronic Signature of Signing Officer or Director

Date