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Feb 17 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 770832 (4)

1. Corporation Name

WINDING LAKE TWO CONDOMINIUMS ASSOCIATION, INC.

Principal Place of Business

2901 SIMMS STREET  
HOLLYWOOD FL 33020-8510

Mailing Address

2901 SIMMS STREET  
HOLLYWOOD FL 33020-1510



3. Date Incorporated or Qualified  
10/19/1983

3a. Date of Last Report  
02/21/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

4. FEI Number

59-2213255

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DEVELOPMENT CONSULTANTS, INC.  
2901 SIMMS STREET  
HOLLYWOOD FL 33020-8510

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☒ DELETE  
NAME HEBEIN, THOMAS  
STREET ADDRESS 1280 S POWERLINE ROAD  
CITY-ST-ZIP POMPANO BEACH FL

1.1 TITLE D ☐ Change ☒ Addition  
1.2 NAME SANDUSKY, RONALD  
1.3 STREET ADDRESS 10013 WINDING LAKE RD., #206  
1.4 CITY-ST-ZIP SUNRISE, FL. 33351

TITLE VT ☐ DELETE  
NAME SCHIFFMAN, HAROLD  
STREET ADDRESS 1280 S POWERLINE RD.  
CITY-ST-ZIP POMPANO BEACH FL

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE SD ☐ DELETE  
NAME COLOSI, FRANK  
STREET ADDRESS 1280 S POWERLINE ROAD  
CITY-ST-ZIP POMPANO BEACH FL

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE D ☒ DELETE  
NAME THOMAS, TAMMIE  
STREET ADDRESS 1280 S POWERLINE RD.  
CITY-ST-ZIP POMPANO BEACH FL

4.1 TITLE D ☐ Change ☒ Addition  
4.2 NAME TANGEMAN, ROBERT  
4.3 STREET ADDRESS 3920 N.W. 120TH WAY  
4.4 CITY-ST-ZIP SUNRISE, FL. 33323

TITLE P ☐ DELETE  
NAME FALLON, TOM  
STREET ADDRESS 1280 S POWERLINE RD  
CITY-ST-ZIP POMPANO BEACH FL

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME *Tom Fallon*  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Tom Fallon* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RECEIVED JAN 28 1997

Date

Daytime Phone # 0021286

CR2E037 (9/96)