

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 25, 1999 8:00 am
Secretary of State

04-25-1999 90030 033 ****61.25

DOCUMENT # 770832

1. Corporation Name

WINDING LAKE TWO CONDOMINIUMS ASSOCIATION, INC.

Principal Place of Business

2901 SIMMS STREET
HOLLYWOOD FL 33020-8510

Mailing Address

C/O J & L PROPERTY MANAGEMENT, INC.
10191 WEST SAMPLE ROAD, SUITE 203
CORAL SPRINGS FL 33065



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

10/19/1983

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 ☐ DELETE

TITLE D
NAME SANNDUSKY, RONALD
STREET ADDRESS 10013 WINDING LAKE RD #206
CITY-ST-ZIP SUNRISE FL

TITLE VT ☐ DELETE

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

TITLE SD ☐ DELETE

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

TITLE D ☐ DELETE

NAME TANGEMAN, ROBERT
STREET ADDRESS 3920 NW 120 WAY
CITY-ST-ZIP SUNRISE FL

TITLE P ☐ DELETE

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

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

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

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

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

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

14. 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 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, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)

0022190