

2000 UNIFORM BUSINESS REPORT (UBR)

4/1

FILED
May 22, 2000 8:00 am
Secretary of State

04-24-2000 90203 022 ****61.25

DOCUMENT # 770832

1. Entity 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 33065-3960

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2213255

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name J & L Property Mgt. Inc.

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

10191 West Sample Rd. Suite 203

City

Coral Springs FL

FL

Zip Code
33065

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

TITLE **D** ☐ Delete
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☐ Change ☐ Addition
NAME **TD Sellani**
STREET ADDRESS **10013 WINDING LAKE RD. #106**
CITY-ST-ZIP **SUNRISE FL**

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

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

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

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

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 if changed, or on an attachment with an address with another like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)