## 2001 UNIFORM BUSINESS REPORT (UBR)

## Jan 30, 2001 8:00 am DOCUMENT # 770832 **Secretary of State** 1. Entity Name 01-30-2001 90036 047 \*\*\*\*61.25 WINDING LAKE TWO CONDOMINIUMS ASSOCIATION, INC. Principal Place of Business Mailing Address C/O J & L PROPERTY MANAGEMENT. INC. C/O J & L PROPERTY MANAGEMENT. INC. 10191 WEST SAMPLE ROAD. SUITE 203 10191 WEST SAMPLE ROAD, STE 203 CORAL SPRINGS FL 33065 CORAL SPRINGS FL 33065 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-2213255 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) J&L PROPERTY MGT INC 10191 WEST SAMPLE ST STE 203 **CORAL SPRINGS FL 33065** City Zip Code FI 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** DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW: 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. **FEE IS \$61.25** Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Danoto, Unce Delete TITLE Addition TITLE 1280 5. Powerline Xd SANNDUSKY, RONALD NAME NAME STREET ADDRESS STREET ADDRESS 10013 WINDING LAKE RD #206 Pomparo Doh FL CITY-ST-ZIP CITY-ST-ZIP SUNRISE FL YD Linny Wintraub ☐ Delete TITLE ☐ Change ☐ Addition TITLE SELLANI. NAME NAME 10013 VINDING LAKE RD 106 STREET ADDRESS STREET ADDRESS CITY-ST-7IP -CITY-ST-ZIP SUNRISE FL A Delete TITLE TITLE Change Addition COLOSI, FRANK NAME NAME 1280 S POWERLINE ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP POMPANO BEACH FL TITLE Delete TITLE ☐ Change ■ Addition TANGEMAN, ROBERT NAME NAME STREET ADDRESS 3920 NW 120 WAY STREET ADDRESS CITY-ST-ZIP SUNRISE FL CITY-ST-ZIP TITLE Delete TIT! F ☐ Channe Addition FALLON, TOM NAME NAME 1280 S POWERLINE RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP POMPANO BEACH FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME

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 anyaddress, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

STREET ADDRESS

CITY-ST-7IP

1/15/61 954-748-59 23