

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90301 022 ****61.25

DOCUMENT # 770832

1. Entity Name

WINDING LAKE TWO CONDOMINIUMS ASSOCIATION, INC.



Principal Place of Business

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

Mailing Address

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

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

7. Name and Address of New Registered Agent

**J&L PROPERTY MGT INC
10191 WEST SAMPLE ST
STE 203
CORAL SPRINGS FL 33065**

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

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
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **DANOTO, VANCE**
STREET ADDRESS **1280 S. POWERLANE RD**
CITY-ST-ZIP **POMPANO BCH FL**

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

TITLE **YD** ☐ Delete
NAME **SELLANI,**
STREET ADDRESS **10013 WINDING LAKE RD 106**
CITY-ST-ZIP **SUNRISE FL**

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

TITLE **D** ☐ Delete
NAME **TANGEMAN, ROBERT**
STREET ADDRESS **3920 NW 120 WAY**
CITY-ST-ZIP **SUNRISE FL**

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

TITLE **D** ☐ Delete
NAME **DANATO, VINCE**
STREET ADDRESS **10022 WINDING LAKE ROAD #103**
CITY-ST-ZIP **SUNRISE FL**

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

TITLE **PD** ☐ Delete
NAME **HAYES, CLARENCE**
STREET ADDRESS **10009 WINDING LAKE ROAD #103**
CITY-ST-ZIP **SUNRISE FL**

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

TITLE **SD** ☐ Delete
NAME **ZAETLER, VICKY**
STREET ADDRESS **10033 WINDING LAKE ROAD #202**
CITY-ST-ZIP **SUNRISE FL**

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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #