


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 05, 2005 8:00 am**  
**Secretary of State**

04-05-2005 90049 004 \*\*\*\*61.25

<b>DOCUMENT # 770832</b> 1. Entity Name <b>WINDING LAKE TWO CONDOMINIUMS ASSOCIATION, INC.</b>					
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		4. FEI Number <b>59-2213255</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>J&amp;L PROPERTY MGT INC</b> <b>10191 WEST SAMPLE ST</b> <b>STE 203</b> <b>CORAL SPRINGS FL 33065</b>				Name Street Address (P.O. Box Number is Not Acceptable) City State <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make Check Payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DANOTO, VANCE		NAME	D <b>TANG GREENFIELD</b>	
STREET ADDRESS	1280 S. POWERLANE RD		STREET ADDRESS	10016 WINDING LAKE RD #203	
CITY-ST-ZIP	POMPAHO BCH FL		CITY-ST-ZIP	SUNRISE, FL 33351	
TITLE	YD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SELLANI,		NAME	D <b>LENI WEINTRAUB</b>	
STREET ADDRESS	10013 WINDING LAKE RD 106		STREET ADDRESS	10007 WINDING LAKE RD #202	
CITY-ST-ZIP	SUNRISE FL		CITY-ST-ZIP	SUNRISE, FL 33351	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TANGEMAN, ROBERT		NAME	D <b>MYRTLE YOUNG</b>	
STREET ADDRESS	3920 NW 120 WAY		STREET ADDRESS	10016 WINDING LAKE RD #103	
CITY-ST-ZIP	SUNRISE FL		CITY-ST-ZIP	SUNRISE, FL 33351	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		
NAME	DANATO, VINCE		NAME		
STREET ADDRESS	10022 WINDING LAKE ROAD #103		STREET ADDRESS		
CITY-ST-ZIP	SUNRISE FL		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		
NAME	HAYES, CLARENCE		NAME		
STREET ADDRESS	10009 WINDING LAKE ROAD #103		STREET ADDRESS		
CITY-ST-ZIP	SUNRISE FL		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		
NAME	ZAETLER, VICKY		NAME		
STREET ADDRESS	10033 WINDING LAKE ROAD #202		STREET ADDRESS		
CITY-ST-ZIP	SUNRISE FL		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 #