2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

if changed, or on an attachment with an address, with all

SIGNATURE

FILED Apr 24, 2006 08:00 AP Secretary of State DOCUMENT # 770832 1. Entity Name WINDING LAKE TWO CONDOMINIUMS ASSOCIATION. INC. Mailing Address Principal Place of Business C/O J & L PROPERTY MANAGEMENT, INC. 10191 WEST SAMPLE ROAD, STE 203 CORAL SPRINGS FL 33065 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. CR2E037 (10/05) 1st MOORE Applied For 4. FEI Number City & State City & State 59-2213255 Not Applicat Zip Country \$8.75 Additional Zφ Country 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 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 ST STE 203 CORAL SPRINGS FL 33065 Zip Code City FL 8. The above named onlity submits this statement for the purpose of changing its registered office of registered agent, or both, in the State of Florida. I am familiar with, and access the obligations of registered agent. SIGNATURE DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to Election Campaign Financing Trust Fund Contribution. Due By May 1, 2006 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. □ A.^{a.} ☐ Change ☐ Delete TITLE TITLE GREENFIELD, IAN NAME U000000532182 10016 WINDING LAKE RD #203 STREET ADDRESS STREET ADDRESS 05/06/06-80073-019 61.25 CRY-ST-ZIE SUNRISE FL 33351 CITY-ST-2IP Auc. ☐ Change TITE F Delete TITLE WEINTRAUB, LENI NAME NAME 10007 WINDINGLAKE RD #202 STREET ADDRESS STREET ADDRESS SUNRISE FL 33351 CITY-ST-ZIP CITY-ST-ZO ☐ Change ☐ A.L. ☐ Pelete TITLE TITLE YOUNG, MYRTLE MAME 10016 WINDINGLAKE RD #103 STREET ADDRESS STREET ADDRESS SUNRISE FL 33351 CITY-ST-ZIP CITY-ST-789 Change _ [] A∵" ☐ Delete TITLE TITLE NAME HAYES, CLARENCE NAME STREET AGDRESS STREET ADDRESS 10009 WINDING LAKE ROAD #103 CITY-ST-ZIP SUNRISE FL CITY-ST-ZIP Change Delete TIAN TITLE TITLE ZAETLER, VICKY NAME MAME 10033 WINDING LAKE ROAD #202 STREET ADDRESS STREET ADORESS SUNRISE FL CITY-ST-ZIP CITY-ST-ZIP Change □ Ada ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CRTY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. Florida Statutes. I further certify that the informatindicated 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 directly 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 if chapter of an article place that the product of the receiver of trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 10 or Block if the product of the pro

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Ign Greenfeld 4-18-06 954-27082