

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 16, 2007 8:00 am
Secretary of State

03-16-2007 90035 047 ****61.25

DOCUMENT # 770832

1. Entity Name

WINDING LAKE TWO CONDOMINIUMS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

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 re-registering)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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: GREENFIELD, IAN
STREET ADDRESS: 10016 WINDING LAKE RD #203
CITY ST ZIP: SUNRISE FL 33351

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

TITLE: D ☒ Delete
NAME: WEINTRAUB, LENI
STREET ADDRESS: 10007 WINDINGLAKE RD #202
CITY ST ZIP: SUNRISE FL 33351

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

TITLE: D ☐ Delete
NAME: YOUNG, MYRTLE
STREET ADDRESS: 10016 WINDINGLAKE RD #103
CITY ST ZIP: SUNRISE FL 33351

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

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

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

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

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

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY ST ZIP: ☐ Delete

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

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 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 and all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #