2007 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT (AR) **DOCUMENT # 771099** 1. Entity Namo

WL TWO HOMEOWNERS ASSOCIATION, INC.



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Principal Mad	co of Business		g Address			Ļ			
CORAL SPRINGS FL 33065 10191) J & L PROPERTY MANAGEMENT, INC. 91 WEST SAMPLE ROAD, SUITE 203 RAL SPRINGS FL 33065						
2. Principal P	Place of Business - No P.O. Box #	Mailing Address				<u> </u>	ESTARI OSTATI MUMITE MIMILE MES	,11181 81 1881	
Suite, Apt. #, etc.			Suite, Apt. #, etc			1st MOORE CR2E037 (10/06)			
City & State		Ci	City & State		4. FEI Number Applied For S9-2378094 Not Applicate			plied For ot Applicable	
Zip	Country	Zij	0	Cou	intry	Certificate of Sta		\$8.75 Add	litional
<u>-</u>	6. Name and Address of Cu	ırrent Registere	ed Agent	1		7. Name and Add	ress of New Register		
					Name				
CALDERAZZO, JAMES 10191 W. SAMPLE RD.				-	Street Address	(P.O. Box Number is f	Not Acceptable)		
PO	MPANO BEACH FL 330	65							
				Ī	Cily		 F	Zip Cod	3
	named entity submits this statem	nent for the purp	ose of changing its	registere	ed office or registo	ered agent, or both, in	the State of Florida. 1	am familiar with,	and accept
the obligat	tions of registorod agont.								
SIGNATURE									
Oldinations	Signature, typed or printed curve of registure	d agest and title flag	nlicable. [NOT]	E Registered	J Agent signature renure	o when reinstating)	DAI	i.	
	EU E NOW, EEE IS 664 OF		6 Floation Con						
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.		ND DIRECTORS		11.			S TO OFFICERS AND		
NAMI	PVPD HAYES, CLARENCE		☐ Delete	THU: NAMI	م مما	HAEL PO	VTEV	Change	Addition
STREET ADDRESS	10009 WINDING LAKE ROA	D, #103		SIRE	LIADDRESS 700	2011/10/0	NG LAKE	80AD #	- 2az
CHY ST ZIP	SUNRISE FL					AY W/NU			
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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 eath; that I am an efficier 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: ≤

TEN GREENFIELD 2-7-07 954-770 8299

NING OFFICER OR DIRECTOR

Date

Date

Dayline Proper