

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 14, 2009
Secretary of State**

DOCUMENT# 735097

Entity Name: VILLAS OF SHERIDAN CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

C/O SOUTH FL. MGMT
PO BOX 25495
TAMARAC, FL 33351 US

New Principal Place of Business:

C/O SOUTH FL. MGMT
3801 N UNIVERSITY DR SUITE 310
SUNRISE, FL 33351 US

Current Mailing Address:

2552 N 38 AVE
HOLLYWOOD, FL 33021 US

New Mailing Address:

C/O SOUTH FL. MGMT
3801 N UNIVERSITY DR SUITE 310
SUNRISE, FL 33351 US

FEI Number: 59-1690491 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOREK, SHARI
2552 N 38 AVE
HOLLYWOOD, FL 33021 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DV () Delete
Name: INGERMAN, BELLE F
Address: 2607 N 40 AVE
City-St-Zip: HOLLYWOOD, FL 33021

Title: PD () Delete
Name: TAMKIN, STEVE
Address: 2532 N 38 AVE
City-St-Zip: HOLLYWOOD, FL 33021

Title: SD () Delete
Name: PAVSNER, PAM
Address: 2528 N 38 AVENUE
City-St-Zip: HOLLYWOOD, FL 33021

Title: DT () Delete
Name: BOREK, SHARI
Address: 2552 N 38TH AVENUE
City-St-Zip: HOLLYWOOD, FL 33021

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHY KOMOREK

CAM

04/14/2009

Electronic Signature of Signing Officer or Director

Date