FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAR -3 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 751501 (8)

1. Corporation Name

CONDOMINIUM "A" ASSOCIATION AT SHERWOOD SQUARE, INC.

Principal Place of Business	Mailing Address
SQUARE, INC. 1155 RIVERSIDE DRIVE CORAL SPRINGS FL 33071-7003	SQUARE, INC. 1155 RIVERSIDE DRIVE CORAL SPRINGS FL 33071-7003

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/11/1980
3a. Date of Last Report: 04/11/1994
4. FEI Number: 59-1994787 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

SISAK, MICHAEL
1200 NW 87TH AVE., SUITE 111
CORAL SPRINGS FL 33071

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☒ Change ☐ Addition
NAME	DORA, PETER	12 NAME		
STREET ADDRESS	10212 W SAMPLE RD	13 STREET ADDRESS	8710 NW 29th Dr.	
CITY-ST-ZIP	CORAL SPRINGS FL	14 CITY-ST-ZIP	33065	
TITLE	D	21 TITLE	VPD	☒ Change ☐ Addition
NAME	SISAK, MICHAEL	22 NAME		
STREET ADDRESS	1200 NW 87TH AVENUE, #111	23 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL	24 CITY-ST-ZIP	33071	
TITLE	STD	31 TITLE	TD	☒ Change ☐ Addition
NAME	STOVER, PATRICIA	32 NAME		
STREET ADDRESS	1100 NW 87TH AVENUE #508	33 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL	34 CITY-ST-ZIP	33071	
TITLE	VPD	41 TITLE		☒ Change ☐ Addition
NAME	KORTH, JOHN	42 NAME	N/A	
STREET ADDRESS	1200 NW 87TH AVENUE #411	43 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL	44 CITY-ST-ZIP		
TITLE	D	51 TITLE	SD	☒ Change ☐ Addition
NAME	RASKE, JERRY	52 NAME	YOLANDA HOUGHTON	
STREET ADDRESS	1100 NW 87TH AVENUE #303	53 STREET ADDRESS	1100 NW 87th AVENUE, #406	
CITY-ST-ZIP	CORAL SPRINGS FL	54 CITY-ST-ZIP	CORAL SPRINGS, FL 33071	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Michael Sisak MIKE SISAK 2/27/95 305-752-1688
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #