FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

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

3. Date Incorporated or Qualified: 03/11/1980	3a. Date of Last Report: 03/03/1995
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (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: DORA, PETER
82 Street Address (P.O. Box Number is Not Acceptable):
83: 7785 HIGHLANDS CIRCLE
84 City: MARGATE FL 85 Zip Code: 33063

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: PETER DORA, PRESIDENT — DATE: 2/29/96
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	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	DORA, PETER		1.2 NAME		
STREET ADDRESS	8710 NW 29TH DR		1.3 STREET ADDRESS	7785 HIGHLANDS CIRCLE	
CITY-ST-ZIP	CORAL SPRINGS FL		1.4 CITY-ST-ZIP	MARGATE, FL 33063	
TITLE	VPD	☒ DELETE	2.1 TITLE	SD	☐ Change ☒ Addition
NAME	SISAK, MICHAEL		2.2 NAME	HAWS, RANDAIL	
STREET ADDRESS	1200 NW 87TH AVENUE, #111		2.3 STREET ADDRESS	1100 NW 87th AVE.,#207	
CITY-ST-ZIP	CORAL SPRINGS FL		2.4 CITY-ST-ZIP	CORAL SPRINGS, FL 33071	
TITLE	TD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	STOVER, PATRICIA		3.2 NAME		
STREET ADDRESS	1100 NW 87TH AVENUE #508		3.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL		3.4 CITY-ST-ZIP		
TITLE	VPD	☒ DELETE	4.1 TITLE	D	☐ Change ☒ Addition
NAME	KORTH, JOHN		4.2 NAME	SAGAT, WILLIAM	
STREET ADDRESS	1200 NW 87TH AVENUE #411		4.3 STREET ADDRESS	1100 NW 87th AVE., #502	
CITY-ST-ZIP	CORAL SPRINGS FL		4.4 CITY-ST-ZIP	CORAL SPRINGS, FL 33071	
TITLE	SD	☐ DELETE	5.1 TITLE	VD	☒ Change ☐ Addition
NAME	HOUGHTON, YOLANDA		5.2 NAME		
STREET ADDRESS	1100 NW 87TH AVE #406		5.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (12/95)

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)(k), 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: PETER DORA — 2/29/96 — 954-752-1688
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0041356