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May 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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: 03/05/1996

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

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

9. Name and Address of Current Registered Agent

DORA, PETER
7785 HIGHLANDS CIRCLE
MARGATE FL 33063

10. Name and Address of New Registered Agent

81 Name: KORTH, JOHN
82 Street Address (P.O. Box Number Is Not Acceptable)
83: 1200 NW 87 AVE #411
84 City: CORAL SPRINGS FL 85 Zip Code: 33071

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: _____ 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	☒ DELETE	1.1 TITLE	PD	☐ Change ☒ Addition
NAME	DORA, PETER		1.2 NAME	KORTH, JOHN	
STREET ADDRESS	7785 HIGHLANDS CIRCLE		1.3 STREET ADDRESS	1200 NW 87 AVE #411	
CITY-ST-ZIP	MARGATE FL		1.4 CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	SD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	HAWS, RANDALL		2.2 NAME		
STREET ADDRESS	1100 NW 87TH AVE, #207		2.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL		2.4 CITY-ST-ZIP		
TITLE	TD	☒ DELETE	3.1 TITLE	VD	☐ Change ☒ Addition
NAME	STOVER, PATRICIA		3.2 NAME	HORVATH, NICHOLAS	
STREET ADDRESS	1100 NW 87TH AVENUE #508		3.3 STREET ADDRESS	1200 NW 87 AVE #515	
CITY-ST-ZIP	CORAL SPRINGS FL		3.4 CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	SAGAT, WILLIAM		4.2 NAME		
STREET ADDRESS	1100 NW 87TH AVE #502		4.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL		4.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	5.1 TITLE	TD	☒ 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	D	☐ Change ☒ Addition
NAME			6.2 NAME	BARON, SHARI	
STREET ADDRESS			6.3 STREET ADDRESS	1200 NW 87 AVE #411	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	CORAL SPRINGS FL	

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing 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: _____ (JOHN KORTH) 5/1/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0026004