## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT # 75

751501

(8)

CONDOMINIUM "A" ASSOCIATION AT SHERWOOD SQUARE, INC.

Principal Place of Business Mailing Address					
SOUARE. INC.					3. Date Incorporated or Qualified
		1155 RIVERSIDE DRIVE CORAL SPRINGS FL 33071-	7002		03/11/1980
COLDIC OF THE	5 TE 50071-7000	COUNT OLUMOS LE SOUT-	1000		4. FEI Number Applied For
		14.00			<b>59-1994787</b> Not Applicable
<del></del>	lace of Business	2a. Mailing Address			5. Certificate of Status Desired S8.75 Additional
	# ata	Sulte, Apt. #, etc.			Fee Required
	#, B(C.	— · · · · · · · · · · · · · · · · · · ·			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
	Δ	City & State			
		<b>⊢</b>			7. Is this nonprofit corporation a homeowners association?
Zip	Country	Zip	o Cour		8. This corporation owes or has paid the current year Intangible
	25	——— ` I	30		Personal Property Tax due June 30. Yes No
		1-1			10. Name and Address of New Registered Agent
				81 Name	DALIDALI HAUSS
KORTH.	JOHN		l	82 Street	RANDALL HAWS  1 Address (P.O. Box Number is Not Acceptable)
SOUARE. INC.  1155 RIVERSIDE DRIVE 11 CORAL SPRINGS FL 33071-7003  2. Principal Place of Business 2. Suite, Apt. #, etc. 2. City & State 2. Zip 2. Country 2. Zip 2. Country 2. Suite, Apt. #, etc. 2. Country 2. Suite, Apt. #, etc. 2. Country 2	1100		110	00 NW \$7 AVE 207	
			Ţ	83	
				84 City	■■ 85 Zip Code
	•			COR	PAL SPRINGS FL 85 Zip Code 33071
11. Pursuant	to the provisions of Sections 617.050	2 and 617.1508, Florida Statute	s, the at	ove-named	d corporation submits this statement for the purpose of changing its registered
agent. La	egistered agent, or both, in the State m familiar with, and accept the obligs	ations of, Section 617.0503, Flo	utilorized rida Stat	iby inecon utes:	rporation's board of directors. I hereby accept the appointment as registered
	Signature, typed or printed name of registered age	nt and tille if applicable. (NOTE	: Registered	Agent signature	re required when reinstating) DATE
		D DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
	, , ,	Delete	1.1 TIT 1.2 NA		LUNDSAMY VENKATE SAN
			1	ME REET ADDRESS	1200 NW 87 AVE 109
					Carrie Carrier El 2221
		DELETE	2.1 TII	Y-ST-ZIP	CORALS SPRSW65 FL 33071 Change Addition
			2.2 NA		
	,		2,2 121	REET ADDRESS	
1				TY-ST-ZIP	
		DELETE	3.1 TIT		Change Addition
1			3.2 NA		ATOA VALLE
Į.	- · · · · · · · · · · · · · · · · · · ·		3.3 ST	REET ADDRESS	1200 NW 87 AVE 510
CITY-ST-ZIP			3.4. CI	TY-ST-ZIP	CORAL SPRENGS FL 33071
$\longrightarrow$		DELETE	4.1 111		Change Addition
NAME	SAGAT, WILLIAM	-	4. 2 NA	IME	BETTY TZOUMAS
STREET ADDRESS	1100 NW 87TH AVE #502		4.3 ST	REET ADORESS	1000 NOW IN STREET
CITY-ST-ZIP	CORAL SPRINGS FL		4.4 CIT	Y-S1-ZIP	CORAL SPRINGS FL 33071
TITLE		☐ DELETE	5.1 TIT	LE	☐ Change ☐ Addition
NAME			5.2 NA	ME	
STREET ADDRESS	1100 NW 87TH AVE #406		5.3 ST	EET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL		5.4 CIT	Y-ST <u>-</u> ZIP	
TITLE	D	DELETE	6.1 717	LE	☐ Change ☐ Addition
NAME	BARON, SHARI	,	6.2 NA	ME į	
STREET ADDRESS	1200 NW 87 AVE #411		6.3 STA	IEET ADDRESS	

14. I 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:

Roundall House

RANDALL

HAWS 2

2/1/98

**FILED** 

Mar 10 1998 8:00am

Secretary of State

964.752-1683