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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 751501

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

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

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

3. Date Incorporated or Qualifed: 03/11/1980

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

9. Name and Address of Current Registered Agent

HAWS, RANDALL
1100 NW 87 AVE
#207
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 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 [signature] RANDALL HAWS - SECRETARY 3/4/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	VD	☐ Change ☒ Addition
NAME	KENKATESAN, KUPPSAMY		1.2 NAME	JOHN KORTH	
STREET ADDRESS	1200 NW 87 AVE, 109		1.3 STREET ADDRESS	1200 NW 87TH AVENUE #411	
CITY-ST-ZIP	CORAL SPRINGS FL 33071		1.4 CITY-ST-ZIP	CORAL SPRINGS FL 33071	
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	VD	☐ DELETE	3.1 TITLE	PD	☒ Change ☐ Addition
NAME	VALLE, AIDA		3.2 NAME		
STREET ADDRESS	1200 NW 87 AVE, 510		3.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL 33071		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE	TD	☒ Change ☐ Addition
NAME	TZOUMAS, BESTY		4. 2 NAME	TZOUMAS, BETTY	
STREET ADDRESS	8220 NW 14 ST		4.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL 33071		4.4 CITY-ST-ZIP		
TITLE	TD	☒ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME	HOUGHTON, YOLANDA		5.2 NAME	MYRNA WISE	
STREET ADDRESS	1100 NW 87TH AVE #406		5.3 STREET ADDRESS	1200 NW 87 AVENUE #402	
CITY-ST-ZIP	CORAL SPRINGS FL		5.4 CITY-ST-ZIP	CORAL SPRINGS FL 33071	
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 (11/98)

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, with all other like empowered.

SIGNATURE: [signature] SIGNATURE REQUIRED RANDALL HAWS 3/4/99 954-752-1644
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #