

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2007 8:00 am
Secretary of State

03-07-2007 90009 023 ****61.25

DOCUMENT # 751501 1. Entity Name CONDOMINIUM "A" ASSOCIATION AT SHERWOOD SQUARE, INC.					
Principal Place of Business SQUARE, INC. 1155 RIVERSIDE DRIVE CORAL SPRINGS, FL 33071-7003			Mailing Address SQUARE, INC. 1155 RIVERSIDE DRIVE CORAL SPRINGS, FL 33071-7003		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		01052007 Chg-NP CR2E037 (12/06)	
City & State Zip		City & State Zip		4. FEI Number 59-1994787 ☐ Applied For ☐ Not Applicable	
Country		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SOUTHEAST CONDO MANAGEMENT 2855 NORTH UNIVERSITY DRIVE SUITE 310 CORAL SPRINGS, FL 33065				7. Name and Address of New Registered Agent Ne Tucker & Tighe, P.A. St 600 E. Broward Blvd, Suite 710 Fort Lauderdale, FL 33301 Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u><i>Thomas J. Tighe Pres</i></u> <u>2/6/07</u> Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VALLE, AIDA 1200 NW 87 AVE. #510 CORAL SPRINGS, FL ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT WISE, MYRNA 1200 NW 87 AVENUE #H412 CORAL SPRINGS, FL 33071 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Wise, Myrna ☒ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FALEOABRAMO, ANITA 1200 NW 87 AVENUE #H216 CORAL SPRINGS, FL 33071 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HAWS, RANDALL P.O. BOX 770905 POMPANO BEACH, FL 33077 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V-P Haws, Randall ☒ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>Myrna L. Wise</i></u> <u>MYRNA L. WISE</u> <u>3/3/07</u> <u>954-762-8966</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

36-328.5