2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2008 8:00 am
Secretary of State
03-05-2008 90026 021 ****61.25

DOCUMENT # 751501

1. Entity 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

01052008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2855 N. University Drive	P.O. Box 9519
Suite, Apt. #, etc.: 310	Suite, Apt. #, etc.:
City & State: Coral Springs, FL	City & State: Coral Springs, FL
Zip: 33065 Country: USA	Zip: 33075 Country: USA

4. FEI Number 59-1994787 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
TUCKER & TIGHE, P.A. 800 E. BROWARD BLVD, SUITE 710 FORT LAUDERDALE, FL 33301	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2008

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	P WISE, MYRNA 1200 NW 87 AVENUE #H412 CORAL SPRINGS, FL 33071	☐ Delete	V-P-T Wise, Myrna	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FALEOABRAMO, ANITA 1200 NW 87 AVENUE #H216 CORAL SPRINGS, FL 33071	☐ Delete	S Faleoabramo, Anita	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP HAWS, RANDALL P.O. BOX 770905 POMPANO BEACH, FL 33077	☐ Delete	P Haws, Randall	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ 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: Myrna L. Wise MYRNA L. WISE 3/1/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #