

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2003 8:00 am
Secretary of State

03-13-2003 90064 014 ****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

30043334



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

HAWS, RANDALL
1155 RIVERSIDE DRIVE
CORAL SPRINGS FL 33071

7. Name and Address of New Registered Agent

Name **Southeast Condo Management**
Street Address **2085 University Drive**
City **Coral Springs** **FL** Zip Code **33071**

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 *S. Chareng*

(NOTE: Registered Agent signature required when reinstating)

DATE

2/23/03

FILE NOW: FEE IS \$61.25

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 **D** ☐ Delete
NAME **HARITASH, ROSIE**
STREET ADDRESS **1100 NW 87 AVE #104**
CITY-ST-ZIP **CORAL SPRINGS FL 33071**

TITLE **P/D** ☐ Change ☒ Addition
NAME **Aida Valle**
STREET ADDRESS **1200 NW 87 AVE #510**
CITY-ST-ZIP **Coral Springs, FL**

TITLE **SD** ☒ Delete
NAME **HAWS, RANDALL**
STREET ADDRESS **PO BOX 770905**
CITY-ST-ZIP **CORAL SPRINGS FL 33077-0905**

TITLE **S/D** ☐ Change ☒ Addition
NAME **Yves Aubry**
STREET ADDRESS **1100 NW 87 AVE #502**
CITY-ST-ZIP **Coral Springs, FL**

TITLE **TD** ☒ Delete
NAME **TZOUHAS, BETTY**
STREET ADDRESS **8220 NW 14 STREET**
CITY-ST-ZIP **CORAL SPRINGS FL 33071**

TITLE **VP/D** ☐ Change ☒ Addition
NAME **Gladys Theer**
STREET ADDRESS **1100 NW 87 AVE #506**
CITY-ST-ZIP **Coral Springs, FL**

TITLE **PD** ☒ Delete
NAME **WISE, MYRNA**
STREET ADDRESS **1200 NW 87TH AVENUE # 412**
CITY-ST-ZIP **CORAL SPRINGS FL 33071**

TITLE **T/D** ☐ Change ☒ Addition
NAME **Louderes Zapata**
STREET ADDRESS **1100 NW 87 AVE #101**
CITY-ST-ZIP **Coral Springs, FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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: *[Signature]* **REQUIRED**

CR2E037 (10/02)