

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90309 006 ****61.25

DOCUMENT # N04000009464
 1. Entity Name
SHERIDAN BEACH CLUB CONDOMINIUM ASSOCIATION NUMBER TWO, INC.



Principal Place of Business Mailing Address
609 E SHERIDAN STREET DANIA BEACH FL 33004 **P O BOX 501 DANIA BEACH FL 33004**



2. Principal Place of Business Suite, Apt. #, etc.
 3. Mailing Address Suite, Apt. #, etc.

1st MOORE CR2E037 (10/05)

City & State City & State

4. FEI Number **20-1834842** Applied For Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent
GUTHARD, KEVIN M
609 E SHERIDAN STREET
103
DANIA BEACH FL 33004

7. Name and Address of New Registered Agent
 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 _____ (NOTE: Registered Agent Signature required when re-registering) DATE _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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	
TITLE PD <i>Chuck Stone</i> <input checked="" type="checkbox"/> Delete	NAME GUTHARD, KEVIN M
STREET ADDRESS 609 E SHERIDAN STREET, #103	
CITY-ST-ZIP DANIA BEACH FL 33004	
TITLE VD <i>Yael</i> <input checked="" type="checkbox"/> Delete	NAME GONZALEZ, JOSE A
STREET ADDRESS 609 E SHERIDAN STREET #103	
CITY-ST-ZIP DANIA BEACH FL 33004	
TITLE SD <i>Steve Raymer</i> <input type="checkbox"/> Delete	NAME FERNANDEZ, CARLOS
STREET ADDRESS 609 E SHERIDAN STREET #103	
CITY-ST-ZIP DANIA BEACH FL 33004	
TITLE <input type="checkbox"/> Delete	NAME
STREET ADDRESS	
CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete	NAME
STREET ADDRESS	
CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete	NAME
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE <i>P/D</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME <i>Chuck Stone</i>
STREET ADDRESS <i>609 E. Sheridan St.</i>	
CITY-ST-ZIP <i>DANIA Bch FL 33004</i>	
TITLE <i>S/D</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME <i>Yael Himehdarb</i>
STREET ADDRESS <i>609 E Sheridan St</i>	
CITY-ST-ZIP <i>DANIA Bch FL 33004</i>	
TITLE <i>T/D</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME <i>Steve Raymer</i>
STREET ADDRESS <i>609 E. Sheridan St.</i>	
CITY-ST-ZIP <i>DANIA Bch FL 33004</i>	
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	
CITY-ST-ZIP	
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	
CITY-ST-ZIP	
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: _____ *3-21-06 954.927.1751*