

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 15, 2002 8:00 am
Secretary of State

0017401

04-15-2002 90018 004 ****61.25

DOCUMENT # N95000005323

1. Entity Name

SHERIDAN GLEN HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

9000 SHERIDAN STREET
 SUITE 100
 PEMBROKE PINES FL 33024
 US

9000 SHERIDAN STREET
 SUITE 100
 PEMBROKE PINES FL 33024
 US

2. Principal Place of Business
 12505 Orange Dr.

3. Mailing Address
 12505 Orange Dr.

Suite, Apt. #, etc.
 Suite #906

Suite, Apt. #, etc.
 Suite #906

City & State
 Davie, Fl

City & State
 Davie, Fl

Zip
 33330

Country
 Broward

Zip
 33330

Country
 Broward

4. FEI Number

65-0650208

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

POFFENBARGER, MARK
C/O CENTURY MANAGEMENT SERVICES, INC.
9000 SHERIDAN ST., SUITE 100
PEMBROKE PINES FL 33024

Name
Mark Poffenbarger

Street Address (P.O. Box Number is Not Acceptable)
c/o Century Management Services, Inc.

12505 Orange Dr. Suite #906

City
Davie,

FL

Zip Code
33330

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.

SIGNATURE

Mark Poffenbarger, Property Manager

2/21/02

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD Delete
 NAME CLUBB-COSTA, INEZ
 STREET ADDRESS 6924 SW 148 LANE
 CITY-ST-ZIP DAVIE FL 33331

TITLE PD Change Addition
 NAME Daniel O'Reilly
 STREET ADDRESS 6979 SW 148 Lane
 CITY-ST-ZIP Davie, Fl 33331

TITLE SD Delete
 NAME ZIMMERMAN, EDWARD
 STREET ADDRESS 6955 SW 148 LANE
 CITY-ST-ZIP DAVIE FL 33331

TITLE VP Change Addition
 NAME Troy Constantine
 STREET ADDRESS 6968 SW 148 Lane
 CITY-ST-ZIP Davie, Fl 33331

TITLE TD Delete
 NAME ARCHABAL, ROGER
 STREET ADDRESS 6963 SW 148TH LANE
 CITY-ST-ZIP DAVIE FL 33331

TITLE STD Change Addition
 NAME John Biscarri
 STREET ADDRESS 6963 SW 148 Lane
 CITY-ST-ZIP Davie, Fl 33331

TITLE D Delete
 NAME CARRIZO, MANUEL
 STREET ADDRESS 6960 S.W. 148 LANE
 CITY-ST-ZIP DAVIE FL 33331

TITLE Change Addition

TITLE VD Delete
 NAME LOPEZ, OCTAVIO
 STREET ADDRESS 14960 S.W. 70 PLACE
 CITY-ST-ZIP DAVIE FL 33331

TITLE D Change Addition

TITLE Delete

TITLE Change Addition

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:

TROY CONSTANTINE
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Troy Constantine
 Date Daytime Phone #

CR2E037 (9/01)