
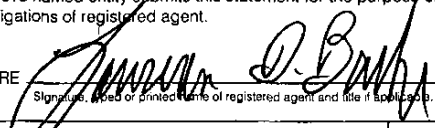
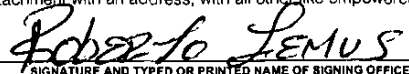


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2008 8:00 am
Secretary of State

05-16-2008 90016 015 ****61.25

DOCUMENT # N95000005323 1. Entity Name SHERIDAN GLEN HOMEOWNERS' ASSOCIATION, INC.		
Principal Place of Business 12233 SW 55TH ST SUITE 811 COOPER CITY, FL 33330 US		Mailing Address 12233 SW 55TH ST SUITE 811 COOPER CITY, FL 33330 US
2. Principal Place of Business - No P.O. Box # C/O Benchmark Property Mgmt Suite, Apt. #, etc. 7932 Wiles Rd City & State Coral Springs Zip 33067 Country USA	3. Mailing Address C/O Benchmark Property Mgmt Suite, Apt. #, etc. 7932 Wiles Rd. City & State Coral Springs Zip 33067 Country USA	04142008 Chg-NP CR2E037 (12/06) 4. FEI Number 65-0650208 Applied For <input type="checkbox"/> Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent POFFENBARGER, MARK C/O CENTURY MANAGEMENT SERVICES, INC. 12233 SW 55TH ST, SUITE 811 COOPER CITY, FL 33330		7. Name and Address of New Registered Agent Name Lawrence Bache Street Address (P.O. Box Number is Not Acceptable) 9000 W. Sheridan St. #174 City Pembroke Pines FL Zip Code 33024
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:  <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEMUS, ROBERT 6964 SW 148 LANE DAVIE, FL 33331	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CHARTRANO, BRIAN 6938 SW 148TH LN DAVIE, FL 33331	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S VORCHEIMER, STEPHANIE 6936 SW 148TH LN DAVIE, FL 33331	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE 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 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date _____ Daytime Phone # _____