

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Feb 02, 2017
Secretary of State
CC7549797163**Entity Name:** CONDOMINIUM "A" ASSOCIATION AT SHERWOOD SQUARE,
INC.**Current Principal Place of Business:**2855 N . UNIVERSITY DRIVE
310
POMPANO BEACH, FL 33065**Current Mailing Address:**P.O. BOX 9519
CORAL SPRINGS, FL 33075**FEI Number: 59-1994787****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**TUCKER & TIGHE, P.A.
800 E. BROWARD BLVD, SUITE 710
FORT LAUDERDALE, FL 33301 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	DIRECTOR, VP
Name	JOCIC, ALEKSANDAR
Address	2855 N . UNIVERSITY DRIVE 310
City-State-Zip:	POMPANO BEACH FL 33065

Title	D, PRESIDENT
Name	ARNAUT, MILIVOJ
Address	2855 N . UNIVERSITY DRIVE 310
City-State-Zip:	POMPANO BEACH FL 33065

Title	SECRETARY, DIRECTOR
Name	FALCOABRAMO, ANITA
Address	2855 N . UNIVERSITY DRIVE 310
City-State-Zip:	POMPANO BEACH FL 33065

Title	TREASURER, DIRECTOR
Name	WISE, MYRNA
Address	2855 N . UNIVERSITY DRIVE 310
City-State-Zip:	POMPANO BEACH FL 33065

Title	DIRECTOR
Name	PAN, JESSE
Address	2855 N . UNIVERSITY DRIVE 310
City-State-Zip:	POMPANO BEACH FL 33065

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MYRNA WISE**TREASURER****02/02/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date