

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 723311 (7)**

1. Corporation Name

**SHERIDAN HILLS TOWNHOMES, INC.**



Principal Place of Business

Mailing Address

**2421 N 40TH AVENUE  
HOLLYWOOD FL 33021**

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HOLLYWOOD FL 33021**

3. Date Incorporated or Qualified  
**05/01/1972**

3a. Date of Last Report  
**04/20/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

**59-1245529**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**O'BRIEN, MITRANA  
2421 NORTH 40TH AVENUE, #109  
HOLLYWOOD FL 33021**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	O'BRIEN, MITRANA	
STREET ADDRESS	2421 N 40 AVE 109	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	TS	<input checked="" type="checkbox"/> DELETE
NAME	WELLISCH, GAIL	
STREET ADDRESS	2421 NORTH 40TH AVE #111	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MITRANA, OBRIEN	
STREET ADDRESS	2421 NORTH 40TH AVE #109	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MORENO, VIVIAN	
STREET ADDRESS	2421 N 40 AVE 106	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WELLISCH, GAIL	
STREET ADDRESS	2421 NORTH 40TH AVE #111	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	JON JARVIS	
13 STREET ADDRESS	2421 N. 40TH AVE 112	
14 CITY-ST-ZIP	Hollywood, FL.	
21 TITLE	TS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	JOEL Goldberg	
23 STREET ADDRESS	2421 N. 40TH AVE 107	
24 CITY-ST-ZIP	Hollywood, FL.	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE	ANTONIE KHATER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	2421 N. 40TH AVE 102	
43 STREET ADDRESS	Hollywood FL	
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Jon Jarvis* President  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

954-989-2648

CR2E037 (12/95)