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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 723311

1. Corporation Name

SHERIDAN HILLS TOWNHOMES, INC.

Principal Place of Business

2421 N 40TH AVENUE
HOLLYWOOD FL 33021

Mailing Address

2421 N 40TH AVENUE
HOLLYWOOD FL 33021



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		05/01/1972	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1245529	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Country		24	
25		29		30	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P
NAME	GOLDBERG, JOEL	1.2 NAME	Gloria Holloman
STREET ADDRESS	2421 N 40TH AVE 107	1.3 STREET ADDRESS	2421 N. 40 AVE 111
CITY-ST-ZIP	HOLLYWOOD FL	1.4 CITY-ST-ZIP	110114WOOD, FL
TITLE	D	2.1 TITLE	D
NAME	MITRANA, OBRIEN	2.2 NAME	PATRICIA LUZARRAGA
STREET ADDRESS	2421 NORTH 40TH AVE #109	2.3 STREET ADDRESS	2421 N. 40 AVE 106
CITY-ST-ZIP	HOLLYWOOD FL	2.4 CITY-ST-ZIP	110114WOOD FL
TITLE	D	3.1 TITLE	
NAME	KHATER, ANTOINE	3.2 NAME	
STREET ADDRESS	2421 N 40TH AVE 102	3.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL	3.4 CITY-ST-ZIP	
TITLE	TS	4.1 TITLE	
NAME	GONALVES, NICOLE	4.2 NAME	
STREET ADDRESS	2421 N 40TH AVE 110TH	4.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE:

Signature Required

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/05/99

954-961-3323

Date

Daytime Phone #

CR2E037 (11/98)