

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2008 8:00 am
Secretary of State

01-17-2008 90030 043 ****61.25

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1. Entity Name

SHERIDAN OAKS TOWN HOUSES CONDOMINIUM
ASSOCIATION, INC.



Principal Place of Business

3952 FARRAGUT STREET
HOLLYWOOD, FL 33021

Mailing Address

3952 FARRAGUT STREET
HOLLYWOOD, FL 33021



01122008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2287041

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

BURNS, RYAN
3952 FARRAGUT ST.
HOLLYWOOD, FL 33021

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	KLEIN, FRANK
STREET ADDRESS	2623 NORTH 40TH AVE
CITY-ST-ZIP	HOLLYWOOD, FL 33021
TITLE	VP
NAME	BURNS, RYAN
STREET ADDRESS	3952 FARRAGUT ST.
CITY-ST-ZIP	HOLLYWOOD, FL 33021
TITLE	S
NAME	MELGOZA, ANA
STREET ADDRESS	2621 NORTH 40TH AVE
CITY-ST-ZIP	HOLLYWOOD, FL 33021
TITLE	T
NAME	BURNS, HEATHER
STREET ADDRESS	3952 FARRAGUT STREET
CITY-ST-ZIP	HOLLYWOOD, FL 33021
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

Ryan Burns Ryan Burns

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-12-08 (305)762-2213

Date

Daytime Phone #