

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 736375

FILED
Mar 26, 2012
Secretary of State

Entity Name: SHERIDAN OAKS TOWN HOUSES CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

3952 FARRAGUT STREET
HOLLYWOOD, FL 33021

New Principal Place of Business:

Current Mailing Address:

TDSUNSHINE PROPERTY MANAGEMENT
PO BOX 122015
FORT LAUDERDALE, FL 33312

New Mailing Address:

FEI Number: 59-2287041 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

TDSUNSHINE PROPERTY MANAGEMENT
330 SOUTH STATE ROAD 7
STE 500
PLANTATION, FL 33317 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: D
Name: KLEIN, FRANK
Address: 330 SOUTH STATE ROAD 7, STE 500
City-St-Zip: PLANTATION, FL 33317

Title: TSD
Name: BURNS, RYAN
Address: 330 SOUTH STATE ROAD 7, STE 500
City-St-Zip: PLANTATION, FL 33317

Title: VPD
Name: KATZ, FAYETTE
Address: 330 SOUTH STATE ROAD 7, STE 500
City-St-Zip: PLANTATION, FL 33317

Title: PD
Name: CHARNE, EVA
Address: 330 SOUTH STATE ROAD 7, STE 500
City-St-Zip: PLANTATION, FL 33317

Title: VP
Name: BLAIR, BOBBI
Address: 330 SOUTH STATE ROAD 7, STE 500
City-St-Zip: PLANTATION, FL 33317

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: EVA CHARNE

PD

03/26/2012

Electronic Signature of Signing Officer or Director

_____ Date