

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2002 8:00 am
Secretary of State

02-01-2002 90068 037 ****61.25

DOCUMENT # 741438

1. Entity Name

SHERIDAN OAKS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

SHERIDAN OAKS HOMEOWNERS
2628 N 38 AVE
HOLLYWOOD FL 33320
US

% ES SLOMOVITZ
2628 N 38 AVE
HOLLYWOOD FL 33320
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1828797

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHERIDAN OAKS HOMEOWNERS/SLOMOVITZ
2628 N 38 AVE
HOLLYWOOD FL 33021

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input type="checkbox"/> Delete
NAME	BORISOFF, SANDY	
STREET ADDRESS	3898 FARRAGUT ST	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	JUGIS, CARL	
STREET ADDRESS	3789 RALEIGH ST	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	DT	<input type="checkbox"/> Delete
NAME	SLOMOVITZ, ESTELLE	
STREET ADDRESS	2628 N 38 AVE	
CITY-ST-ZIP	HOLLYWOOD, FL 00000	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	SENICK, HENRY	
STREET ADDRESS	3799 RALEIGH ST	
CITY-ST-ZIP	HOLLYWOOD, FL 00000	
TITLE	DS	<input type="checkbox"/> Delete
NAME	MOSES, ANITA	
STREET ADDRESS	3967 RALEIGH ST	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CALLAHAN, WILLIAM	
STREET ADDRESS	3791 RALEIGH ST	
CITY-ST-ZIP	HOLLYWOOD FL	

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	0 Kravetz, Isaac	
STREET ADDRESS	2634 No. 38 Av	
CITY-ST-ZIP	Hollywood FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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:

Estelle SLOMOVITZ *Pres. 1/15/02*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)