2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008
Secretary of State

DOCUMENT# 741438

Entity Name: SHERIDAN OAKS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

SHERIDAN OAKS HOMEOWNERS
3896 FARRAGUT STREET
HOLLYWOOD, FL 33021 US

New Principal Place of Business:

2624 NORTH 38TH AVENUE
HOLLYWOOD, FL 33021 US

Current Mailing Address:

% DERRICK CHUCK
3896 FARRAGUT STREET
HOLLYWOOD, FL 33021 US

New Mailing Address:

2624 NORTH 38TH AVENUE
HOLLYWOOD, FL 33021 US

FEI Number: 59-1828797 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHERIDAN OAKS HOMEOWNERS ASSOC
3896 FARRAGUT STREET
HOLLYWOOD, FL 33021 US

Name and Address of New Registered Agent:

SHERIDAN OAKS HOMEOWNERS ASSOC
2624 NORTH 38TH AVENUE
HOLLYWOOD, FL 33021 US

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: _____ 03/24/2008
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: SLOMOVITZ, ESTELLE
Address: 2628 N 38 AVE
City-St-Zip: HOLLYWOOD, FL 33021

Title: DT ( ) Delete
Name: CHUCK, DERRICK DT
Address: 3896 FARRAGUT STREET
City-St-Zip: HOLLYWOOD, FL 33021

Title: DVP ( ) Delete
Name: TRIPI, DONNA
Address: 3850 FARRAGUT STREET
City-St-Zip: HOLLYWOOD, FL 33021

Title: DS ( ) Delete
Name: SANDS, TERRI DS
Address: 2547 N 40 AVENUE
City-St-Zip: HOLLYWOOD, FL 33021

Title: D ( ) Delete
Name: MOSES, ANITA D
Address: 3967 RALEIGH ST
City-St-Zip: HOLLYWOOD, FL 33021

Title: D ( ) Delete
Name: KAMINSKY, MURRAY D
Address: 2549 N 40 AVENUE
City-St-Zip: HOLLYWOOD, FL 33021

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DAVID MACH D 03/24/2008
Electronic Signature of Signing Officer or Director — Date