

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 04, 2003 8:00 am**  
**Secretary of State**

08-04-2003 90141 043 \*\*\*\*61.25

0019345

**DOCUMENT # 741438**

1. Entity Name

**SHERIDAN OAKS HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business  
**SHERIDAN OAKS HOMEOWNERS**  
**2628 N 38 AVE**  
**HOLLYWOOD FL 33320**  
**US**

Mailing Address  
**% ES SLOMOVITZ**  
**2628 N 38 AVE**  
**HOLLYWOOD FL 33320**  
**US**

00140100



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1828797**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

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. 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

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>DERRICK CHUCK</b>	
STREET ADDRESS	<b>3896 FARRAGUT ST</b>	
CITY-ST-ZIP	<b>Hollywood FL 33021</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SLOMOVITZ, ESTELLE</b>	
STREET ADDRESS	<b>2628 N 38 AVE</b>	
CITY-ST-ZIP	<b>Hollywood FL 33021</b>	
TITLE	<del>DETT SANDY</del>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MURRAY KAMINSKY</b>	
STREET ADDRESS	<b>2549 N 40TH ST</b>	
CITY-ST-ZIP	<b>HOLLYWOOD FL 33021</b>	
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: Anita Moses, Secretary (ANITA MOSES - SECRETARY)

7-26-03 954-242-5129

CR2E037 (10/02)