FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1998**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 03 1998 8:00am
Secretary of State

DOCUMENT # **742469** (0)

1. Corporation Name
SPARROWS WALK CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3100 RIVERSIDE DR. CORAL SPRINGS FL 33065	P.O. BOX 9519 CORAL SPRINGS FL 33075

3. Date Incorporated or Qualified: 04/14/1978

4. FEI Number: 59-2087992 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21) | 2a. Mailing Address (26)

Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)

City & State (23) | City & State (28)

Zip (24) Country (25) | Zip (29) Country (30)

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SCHMIDT, VALENTINA
3100 RIVERSIDE DRIVE, #301
CORAL SPRINGS FL 33065

10. Name and Address of New Registered Agent

81 Name: Southeast Condominium Management
82 Street Address (P.O. Box Number is Not Acceptable): 2085 University Drive
83
84 City: Coral Springs FL 85 Zip Code: 33071

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: CJ Chiarenza — CJ Chiarenza — 1/5/98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MCDONALD, EARL		1.2 NAME		
STREET ADDRESS	3100 RIVERSIDE DRIVE, #212		1.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL 33065		1.4 CITY-ST-ZIP		
TITLE	VP D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	ROFFMAN, RANDY D.		2.2 NAME		
STREET ADDRESS	3100 RIVERSIDE DR., #309		2.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL		2. 4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	HOPKINS, BARBARA A.		3.2 NAME		
STREET ADDRESS	3100 RIVERSIDE DR., #204		3.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL		3.4. CITY-ST-ZIP		
TITLE	S	☒ DELETE	4.1 TITLE	S Vicki DuVal	☒ Change ☐ Addition
NAME	COHEN, LISA		4. 2 NAME		
STREET ADDRESS	3100 RIVERSIDE DR., #306		4.3 STREET ADDRESS	3100 Riverside Dr #304	
CITY-ST-ZIP	CORAL SPRINGS FL 33065		4.4 CITY-ST-ZIP	Coral Springs Fl 33065	
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BLACK, RHONDA		5.2 NAME		
STREET ADDRESS	3100 RIVERSIDE DR., #303		5.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL		5.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	6.1 TITLE	JOAN MC ANDREWS	☒ Change ☐ Addition
NAME	SCHMIDT, VALENTINA		6.2 NAME		
STREET ADDRESS	3100 RIVERSIDE DR., #301		6.3 STREET ADDRESS	3100 Riverside Dr #307	
CITY-ST-ZIP	CORAL SPRINGS FL		6.4 CITY-ST-ZIP	Coral Springs Fl 33065	

CR2E037 (10/97)

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Earl McDonald — 1/20/98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0026361