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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **742469**

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

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21	26	04/14/1978
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2087992 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

SOUTHEAST, CONDOMINIUM M
2085 UNIVERSITY DR
CORAL SPRINGS FL 33071

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ 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	VPD	☐ 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 D	☐ DELETE	3.1 TITLE	Director	☒ 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		☐ Change ☐ Addition
NAME	DEVAL, VICKI		4.2 NAME		
STREET ADDRESS	3100 RIVERSIDE DR #304		4.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL 33065		4.4 CITY-ST-ZIP		
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/T	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	MCANDREWS, JOAN		6.2 NAME		
STREET ADDRESS	3100 RIVERSIDE DR #307		6.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL 33065		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Pres. 1/25/99 954 7521372
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #