2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachme

SIGNATURE:

FILED DOCUMENT # **742469** Feb 16, 2000 8:00 am 1. Entity Name **Secretary of State** SPARROWS WALK CONDOMINIUM ASSOCIATION, INC. 02-16-2000 90052 028 ****61.25 Principal Place of Business Mailing Address 3100 RIVERSIDE DR. P.O. BOX 9519 CORAL SPRINGS FL 33065 CORAL SPRINGS FL 33075-9519 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-2087992 Not Applicable Zip Country \$8.75 Additional П 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) SOUTHEAST, CONDOMINIUM M 2085 UNIVERSITY DR **CORAL SPRINGS FL 33071** Zip Code City FL 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. П Added to Fees Department of State FEE IS \$61.25 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. VP/D ☐ Change ☐ Addition □ Delete TITLE TITLE NAME NAME MCDONALD, EARL STREET ADDRESS 3100 RIVERSIDE DRIVE, #212 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **CORAL SPRINGS FL 33065** ☐ Change Addition **VPD** ☐ Delete TITLE TITLE ROFFMAN, RANDY D. NAME STREET ADDRESS STREET ADDRESS 3100 RIVERSIDE DR., #309 CITY-ST-ZIP CITY-ST-ZIA CORAL SPRINGS FL ☐ Delete ☐ Change Addition ASID TITLE HOPKINS, BARBARA A. NAME NAME STREET ADDRESS STREET ADDRESS 3100 RIVERSIDE DR., #204 CITY-ST-ZIF CITY-ST-ZIP Coral Springs <u>Fl</u> 8 P/D Change ☐ Addition TITLE ☐ Delete TITLE NAME D**é**val, Vicki NAME STREET ADDRESS STREET ADDRESS 3100 RIVERSIDE DR #304 CITY-ST-ZIP CITY-ST-ZIP CORAL SPRINGS FL 33065 ☐ Change ☐ Addition TITLE ☐ Delete TITLE 5/ D NAME NAME MCANDREWS, JOAN STREET ADDRESS STREET ADDRESS 3100 RIVERSIDE DR #307 CITY-ST-ZIP CITY-ST-ZIP CORAL SPRINGS FL 33065 Addition ☐ Change TITLE ☐ Delete TITLE Burke, Stack 3,000 Riverside Dr NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling 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