FILED Mar 08, 2004 8:00 am Secretary of State

| ANNUAL REPORT | UKATION |
|-------------------|---------|
| DOCUMENT # 742460 | THE |

| 1. Entity Name SPARROWS WALK CONDOMINIUM ASSOCIATION, INC. | | | | | 02 | 3-08-2004 | 1 90045 (| 029 **** | 61.25 | |
|---|---|--|--|------------------|--|------------------------------------|--------------------|--------------------------------------|--|--|
| C/O BENCHI 7932 WILES | ce of Business MARK PROPERTY MANAGEMENT I ROAD NGS, FL 33065 | Mailing Address C/O BENCHMARK PROPE 7932 WILES ROAD CORAL SPRINGS, FL 330 | | NT | | 8 11 8:218 9 11(8 18 | fi Brbii Bjbir Bir | e 119 1 110 1 1 | B iji l e: B i /201 | |
| 2. Principal I | Place of Business | 3. Mailing Address | | | | | | | | |
| · | | Suite, Apt. #, etc. | Suite, Apt. #, etc. | | 02242004 Ch | g-NP | CR2E0 | 37 (10/03) | | |
| City & Sta | te | City & State | | | 4. FEI Number 59-2087992 | 2 | | - | pplied For ot Applicable | |
| Zip | Country | Zip | Country | | 5. Certificate of Sta | tus Desired | | \$8.75 Ad | ditional | |
| | 6. Name and Address of Current I | Registered Agent | | | 7. Name and Addr | ess of New F | Registered | | | |
| ROBERT | KAY & ASSOCIATES, P.A. | - | Name | | | - | | | | |
| | | Street Ac | Street Address (P.O. Box Number is Not Acceptable) | | | | | | | |
| FORT LAI | JDERDALE, FL 33309 | | | | | | | | · · | |
| | | | City | | | fa's | FL | Zip Cod | j | |
| 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 | | | | | | | | | | |
| | Filing Fee is \$61.25 Due by May 1, 2004 | 9. Election Camp Trust Fund Co | aign Financing ntribution. [| | \$5.00 May Be Added to Fees | | | payable t | | |
| 10. | OFFICERS AND DIR | | 11. | A | DDITIONS/CHANGES | TO OFFICE | RS AND DI | RECTORS IN | I 10 | |
| NAME STREET ADDRESS CITY-ST-ZIP | PD WOLFE, BETTY R 3100 RIVERSIDE DRIVE #111 CORAL SPRINGS, FL 33065 | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Cot 310 | rector ten, lisa oo rivers kal sprin | | RIUG 4 | | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD KING, BRYAN 3100 RIVERSIDE DRIVE #301 CORAL SPRINGS, FL 33065 | Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DIR Mi BIC | RECTOR CDONALD CDONALD RIVERS DRAL SPRIN | MARGI LIDE DR | MRET | □ Change | Addition | |
| NAME STREET ADDRESS CITY-ST-ZIP | PD KING, BRIAN 3100 RIVERSIDE DR #307 CORAL SPRINGS, FL 33065 | Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | - | - - - | market. | · | Change . | Addition | |
| TITLE NAME STREET ADDRESS CITY-SI-ZIP | TD DARNELL, JUSTIN 3100 RIVERSIDE DRIVE #302 CORAL SPRINGS, FL 33065 | □ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | ☐ Change | ☐ Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DS MCDONALD, EARL 3100 RIVERSIDE DRIVE #212 CORAL SPRINGS, FL 33065 | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | Change | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | . 🕳 🗷 | | Change | Addition | |
| 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 subther like empowered. SIGNATURE: | | | | | | | | | | |
| | SIGNATURE AND TYPED OR PRI | NTED NAME OF SIGNING OFFICER OR | DIRECTOR | | | | | ylime Phone # | | |