2005 NOT-FOR-PROFIT CORPORATION

Apr 22, 2005 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT #742469** 04-22-2005 90283 037 ****61.25 SPARROWS WALK CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address : C/O BENCHMARK PROPERTY MANAGEMENT C/O BENCHMARK PROPERTY MANAGEMENT 20041914 7932 WILES ROAD 7932 WILES ROAD CORAL SPRINGS, FL 33065 CORAL SPRINGS, FL 33065 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04142005 Chg-NP CR2E037 (10/03) City & State City & State 4. FEI Number Applied For 59-2087992 Not Applicable Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ROBERT KAY & ASSOCIATES, P.A. 6261 NW 6 WAY Street Address (P.O. Box Number is Not Acceptable) STE 103 FORT LAUDERDALE, FL 33309 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 9. Election Campaign Financing \$5.00 May Be Filling Fee is \$61.25 Make check payable to . П Trust Fund Contribution. Florida Department of State Due by May 1, 2005 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. PD TITLE 🖀 Delete TITLE Change ☐ Addition WOLFE, BETTY R NAME NAMÉ STREET ADDRESS 3100 RIVERSIDE DRIVE #111 STREET ADORESS CITY-ST-ZIP CORAL SPRINGS, FL 33065 CITY-ST-ZIP D TITLE Delete TITLE Change ☐ Addition NAME COHEN, LISA NAME STREET ADDRESS 3100 RIVERSIDE DRIVE # 306 STREET ADDRESS CORAL SPRINGS, FL 33065 CITY-ST-ZIP CITY-ST-ZIP TITLE D TITLE ☐ Change ■ Addition NAME MCDONALD, MARGARET NAME STREET ADORESS 3100 RIVERSIDE DRIVE # 212 STREET ADORESS CITY-ST-ZIP CORAL SPRINGS, FL 33065 CITY-ST-ZIP TITLE TD TITLE Delete Change ☐ Addition DARNELL, JUSTIN NAME NAME STREET ADDRESS 3100 RIVERSIDE DRIVE #302 STREET ADDRESS CORAL SPRINGS, FL 33065 CITY-ST-ZIP CITY-ST-7IP D\$ TITLE Defete TITLE ☐ Change ☐ Addition MCDONALD, EARL NAME NAME STREET ADDRESS 3100 RIVERSIDE DRIVE #212 STREET ADDRESS CITY-ST-ZIP CORAL SPRINGS, FL 33065 CITY-ST-ZIP ☐ Delete TITLE TITI F ☐ Change ☐ Addition NAME NAME

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.

STREET ADDRESS

CITY-ST-78P

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4113105

954 3445353

FILED