


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2008 8:00 am**  
**Secretary of State**

04-24-2008 90098 040 \*\*\*\*61.25

<b>DOCUMENT # 742469</b>	
1. Entity Name SPARROWS WALK CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business C/O BENCHMARK PROPERTY MANAGEMENT 7932 WILES ROAD CORAL SPRINGS, FL 33065	Mailing Address C/O BENCHMARK PROPERTY MANAGEMENT 7932 WILES ROAD CORAL SPRINGS, FL 33065
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

**40079335**



04142008 Chg-NP CR2E037 (12/06)

4. FEI Number <b>59-2087992</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  ROBERT KAY R ASSOCIATES, P.A. 6261 NW 6 WAY STE 103 FORT LAUDERDALE, FL 33309	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
T NAME EINVA, DEMMING STREET ADDRESS 3100 RIVERSIDE DRIVE 107 CITY-ST-ZIP CORAL SPRINGS, FL 33065	<input checked="" type="checkbox"/> Delete	T NAME NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
P NAME MCDONALD, EARL STREET ADDRESS 3100 RIVERSIDE DRIVE 212 CITY-ST-ZIP POMPANO BEACH, FL 33065	<input checked="" type="checkbox"/> <b>KEEP</b>	T NAME NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
S NAME KIRKMAN, CHERYL STREET ADDRESS 3100 RIVERSIDE DRIVE CITY-ST-ZIP POMPANO BEACH, FL 33065	<input type="checkbox"/> Delete	T NAME NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D NAME YOUNG, EDWARD STREET ADDRESS 3100 RIVERSIDE DRIVE CITY-ST-ZIP POMPANO BEACH, FL 33065	<input type="checkbox"/> Delete	T NAME NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
T NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	T NAME NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
T NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	T NAME NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<b>4-21-08</b> <small>Date</small>	<b>954-345-5424</b> <small>Daytime Phone #</small>
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