2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 742469

FILED Apr 22, 2009 Secretary of State

Entity Name: SPARROWS WALK CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

New Principal Place of Business:

C/O BENCHMARK PROPERTY MANAGEMENT

7932 WILES ROAD CORAL SPRINGS, FL 33065

Current Mailing Address: New Mailing Address:

C/O BENCHMARK PROPERTY MANAGEMENT 7932 WILES ROAD CORAL SPRINGS, FL 33065

FEI Number: 59-2087992 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ROBERT KAY R ASSOCIATES, P.A. 6261 NW 6 WAY STE 103 FORT LAUDERDALE, FL 33309 US

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:

Floating Company of Designature of Asset

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P/T (X) Change () Addition

 Name:
 MCDONALD, EARL
 Name:
 MCDONALD, EARL

 Address:
 3100 RIVERSIDE DRIVE 212
 Address:
 3100 RIVERSIDE DRIVE 212

 City-St-Zip:
 POMPANO BEACH, FL 33065
 City-St-Zip:
 POMPANO BEACH, FL 33065

Title: S () Delete Title: () Change () Addition

 Name:
 KIRKMAN, CHERYL
 Name:

 Address:
 3100 RIVERSIDE DRIVE
 Address:

 City-St-Zip:
 POMPANO BEACH, FL 33065
 City-St-Zip:

Title: D () Delete Title: () Change () Addition

 Name:
 YOUNG, EDWARD
 Name:

 Address:
 3100 RIVERSIDE DRIVE
 Address:

 City-St-Zip:
 POMPANO BEACH, FL 33065
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHERYL KIRKMAN S 04/22/2009