

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 751501

FILED
Mar 13, 2009
Secretary of State

Entity Name: CONDOMINIUM "A" ASSOCIATION AT SHERWOOD SQUARE, INC.

Current Principal Place of Business:

2855 N. UNIVERSITY DRIVE
310
POMPAÑO BEACH, FL 33065

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 9519
CORAL SPRINGS, FL 33075

New Mailing Address:

FEI Number: 59-1994787

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TUCKER & TIGHE, P.A.
800 E. BROWARD BLVD, SUITE 710
FORT LAUDERDALE, FL 33301 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VPT () Delete
Name: WISE, MYRNA
Address: 1200 NW 87 AVENUE #H412
City-St-Zip: CORAL SPRINGS, FL 33071

Title: S () Delete
Name: HAWS, RANDALL
Address: 1200 NW 87 AVENUE #H216
City-St-Zip: CORAL SPRINGS, FL 33071

Title: VP () Delete
Name: HAWS, RANDALL
Address: P.O. BOX 770905
City-St-Zip: POMPAÑO BEACH, FL 33077

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: WISE, MYRNA
Address: 1200 NW 87 AVENUE #H412
City-St-Zip: CORAL SPRINGS, FL 33071

Title: SD (X) Change () Addition
Name: HAWS, RANDALL
Address: 1200 NW 87 AVENUE #H216
City-St-Zip: CORAL SPRINGS, FL 33071

Title: TD (X) Change () Addition
Name: FALCOABRAMO, ANITA
Address: 1200 NW 87 AVE
City-St-Zip: CORAL SPRINGS, FL 33071

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: MYRNA WISE

PD

03/13/2009

Electronic Signature of Signing Officer or Director

Date