

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2008 8:00 am
Secretary of State

03-05-2008 90026 037 ****61.25



DOCUMENT # 751611
 1. Entity Name
SHERWOOD SQUARE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business
**1155 RIVERSIDE DRIVE
 CORAL SPRINGS, FL 33071-7003**

Mailing Address
**1155 RIVERSIDE DRIVE
 CORAL SPRINGS, FL 33071-7003**

2. Principal Place of Business - No P.O. Box #
2855 N. University Dr.
 Suite, Apt. #, etc.
310

3. Mailing Address
P.O. Box 9519
 Suite, Apt. #, etc.

City & State
Coral Springs, FL

City & State
Coral Springs, FL

Zip
33065

Country
USA

Zip
33075

Country
USA



01052008 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent

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

4. FEI Number
59-1992705

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** 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 _____ (NOTE: Registered Agent signature required when reinstating)

DATE _____

Filing Fee is \$61.25 Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD BRAVEMAN, MARK 1075 RIVERSIDE DR #508 CORAL SPRINGS, FL 33071	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LLANES, PEDRO 10249 HORLEY AVE DOWNEY, CA 90241	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAWS, RANDALL PO BOX 770905 CORAL SPRINGS, FL 33077	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DWYER, JOHN 1075 RIVERSIDE DR #507 CORAL SPRINGS, FL 33071	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WISE, MYRNA 1200 NW 87 AVE #14412 CORAL SPRINGS, FL 33071	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	IMBROGNO, GEORGE 8720 SHADOW WOOD BLVD. #503 CORAL SPRINGS, FL	<input type="checkbox"/> Delete	<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.

SIGNATURE: _____ **3/1/08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #