FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR -8 PM 3:21

DOCUMENT # 753996 (8)

1. Corporation Name

CONDOMINIUM "B" ASSOCIATION AT SHERWOOD SQUARE, INC.

Principal Place of Business	Mailing Address
1155 RIVERSIDE DR CORAL SPRINGS FL 33071	1155 RIVERSIDE DR CORAL SPRINGS FL 33071

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/29/1980
3a. Date of Last Report: 03/24/1994
4. FEI Number: 59-2096192 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

O'LEARY, ELEANOR
1075 RIVERSIDE DR.
#307
CORAL SPRINGS FL 33071

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City FL 35 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when name changed)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SD	1.1 TITLE	☒ Change	☐ Addition
NAME	KOSTICK, JOHN	1.2 NAME	DELETE	
STREET ADDRESS	1075 RIVERSIDE DR #302	1.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL	1.4 CITY-ST-ZIP		
TITLE	VD	2.1 TITLE	☒ Change	☐ Addition
NAME	BUGLIARELLI, ANTHONY	2.2 NAME		
STREET ADDRESS	1075 RIVERSIDE DR #303	2.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL	2.4 CITY-ST-ZIP	33071	
TITLE	TD	3.1 TITLE	☒ Change	☐ Addition
NAME	O'LEARY, ELEANOR	3.2 NAME		
STREET ADDRESS	1075 RIVERSIDE DR #307	3.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL	3.4 CITY-ST-ZIP	33071	
TITLE	PD	4.1 TITLE	☒ Change	☐ Addition
NAME	WIELOCH, JEAN	4.2 NAME		
STREET ADDRESS	1075 RIVERSIDE DR #306	4.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS, FL 0	4.4 CITY-ST-ZIP	33071	
TITLE	D	5.1 TITLE	SD ☒ Change	☐ Addition
NAME	HEIMINK, STELLA	5.2 NAME		
STREET ADDRESS	1075 RIVERSIDE DR #304	5.3 STREET ADDRESS	1075 RIVERSIDE DR., #304	
CITY-ST-ZIP	CORAL SPRINGS FL	5.4 CITY-ST-ZIP	33071	
TITLE		6.1 TITLE	D ☐ Change	☒ Addition
NAME		6.2 NAME	BLOOMBERG, BURTON	
STREET ADDRESS		6.3 STREET ADDRESS	1075 RIVERSIDE DR., #402	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	CORAL SPRINGS, FL 33071	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an addition.

SIGNATURE: Eleanor O'Leary Eleanor O'Leary 2/28/95 305-752-1600
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone #

0040473