

2001, UNIFORM BUSINESS REPORT (UBR)**FILED**
Mar 05, 2001 8:00 am
Secretary of State

03-05-2001 90075 044 ****61.25

DOCUMENT # 753996

1. Entity Name

CONDOMINIUM "B" ASSOCIATION AT SHERWOOD SQUARE,

Principal Place of Business

1155 RIVERSIDE DR
CORAL SPRINGS FL 33071

Mailing Address

1155 RIVERSIDE DR
CORAL SPRINGS FL 33071

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2096192

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PHILLIPS, JAMES
8735 RAMBLEWOOD DR.
#212
CORAL SPRINGS FL 33071Name
John DwyerStreet Address (P.O. Box Number is Not Acceptable)
1075 Riverside Drive #507City
Coral SpringsFL Zip Code
33071

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to**
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
SD	PHILLIPS, JAMES	8735 RAMBLEWOOD DR #212	CORAL SPRINGS FL 33071	☒					☐	☐
PD	DWYER, JOHN	1075 RIVERSIDE DRIVE 507	CORAL SPRINGS FL	☐					☐	☐
VD	BRAVERMAN, MARK	1075 RIVERSIDE DR, #508	CORAL GABLES FL 33071	☐					☐	☐
D	HEIMINK, STELLA	1075 RIVERSIDE DR #304	CORAL SPRINGS FL 33071	☐					☐	☐
TD	HOUGHTON, YOLANDA	7705 NW 5TH CT #207	MARGATE FL 33063	☐					☐	☐
				☐					☐	☐

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)