NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 08, 2004 8:00 am
Secretary of State
07-08-2004 90095 016 ****61.25

DOCUMENT # 753996

1. Entity Name
Condominium C Assoc. at Sherwood Square Inc
PO Box 9519
Coral Springs, FL 33075

DO NOT WRITE IN THIS SPACE

54060435

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3085 University Dr.	P.O. Box 9519
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Coral Springs, FL	City & State: Coral Springs, FL
Zip: 33071 Country: Broward	Zip: 33075 Country: Broward

4. FEI Number: 59-2096192 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: Southeast Condo. Mgmt Inc.

Street Address (P.O. Box Number is Not Acceptable)
3085 University Dr.

City: Coral Springs FL 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: CJ Chiaramonte 07-02-04
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25
Initial or Amended UBR

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

TITLE	President
NAME	John Dwyer
STREET ADDRESS	1075 Riverside Dr. E507
CITY-ST-ZIP	Coral Springs, FL 33071
TITLE	Vice-President
NAME	Mark Braverman
STREET ADDRESS	1075 Riverside Dr. E508
CITY-ST-ZIP	Coral Springs, FL 33071
TITLE	Director
NAME	Stella Heimink
STREET ADDRESS	1075 Riverside Dr E304
CITY-ST-ZIP	Coral Springs FL 33071
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CR2E037B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 7/3/04 954 899-4717
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #