


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2006 8:00 am
Secretary of State

01-30-2006 90060 001 ****61.25

DOCUMENT # 753996					
1. Entity Name CONDOMINIUM "B" ASSOCIATION AT SHERWOOD SQUARE, INC.					
Principal Place of Business SOUTHEAST CONDO MGMT 2855 N. UNIVERSITY DR STE 310 CORAL SPRINGS, FL 33065			Mailing Address P.O. BOX 9519 CORAL SPRINGS, FL 33075		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SOUTHEAST CONDO MGMT. 2855 N. UNIVERSITY DR STE 310 CORAL SPRINGS, FL 33065			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			State 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 <u><i>[Signature]</i></u> <i>President Condo B</i> 1/26/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE</small>					
Filing Fee is \$81.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DWYER, JOHN		NAME		
STREET ADDRESS	1075 RIVERSIDE DRIVE, #E507		STREET ADDRESS		
CITY - ST - ZIP	CORAL SPRINGS, FL 33071		CITY - ST - ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BRAVERMAN, MARK		NAME		
STREET ADDRESS	1075 RIVERSIDE DR., #E508		STREET ADDRESS		
CITY - ST - ZIP	CORAL SPRINGS, FL 33071		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HEIMINK, STELLA		NAME		
STREET ADDRESS	1075 RIVERSIDE DR #304		STREET ADDRESS		
CITY - ST - ZIP	CORAL SPRINGS, FL 33071		CITY - ST - ZIP		
TITLE	STD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HOUGHTON, YOLANDA		NAME		
STREET ADDRESS	7705 NW 5TH CT #207		STREET ADDRESS		
CITY - ST - ZIP	MARGATE, FL 33063		CITY - ST - ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HEIMINK, STELLA		NAME		
STREET ADDRESS	1075 RIVERSIDE DRIVE, #E304		STREET ADDRESS		
CITY - ST - ZIP	CORAL SPRINGS, FL 33071		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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01052006 Chg-NP CR2E037 (11/05)

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

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