


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 23, 2007 8:00 am
Secretary of State

05-23-2007 90028 023 ****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 - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 59-2096192	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent SOUTHEAST CONDO MGMT. 2855 N. UNIVERSITY DR STE 310 CORAL SPRINGS, FL 33065			7. Name and Address of New Registered Agent Name _____ Street Tucker & Tighe, P.A. 800 E. Broward Blvd, Suite 710 Fort Lauderdale, FL 33301 City _____ Code _____		
8. The above named entity submits this statement for the purpose of changing its registered office _____, I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u><i>Thomas J Tighe</i></u> <u><i>Pres</i></u> <u><i>2/6/07</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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 NAME STREET ADDRESS CITY-ST-ZIP	P DWYER, JOHN 1075 RIVERSIDE DRIVE, #E507 CORAL SPRINGS, FL 33071	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BRAVERMAN, MARK 1075 RIVERSIDE DR., #E508 CORAL SPRINGS, FL 33071	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEIMINK, STELLA 1075 RIVERSIDE DR #304 CORAL SPRINGS, FL 33071	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HOUGHTON, YOLANDA 7705 NW 5TH CT #207 MARGATE, FL 33063	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEIMINK, STELLA 1075 RIVERSIDE DRIVE, #E304 CORAL SPRINGS, FL 33071	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<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: <u><i>Mark Braverman</i></u> <u><i>5/2/07</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					