

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90071 021 ****61.25

DOCUMENT # 760547

1. Entity Name
SEQUOIA GARDENS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**510 SE 2ND AVENUE
DEERFIELD BEACH, FL 33441**

Mailing Address
**510 SE 2ND AVENUE
DEERFIELD BEACH, FL 33441**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04032007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-2169571

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

**MEYROWITZ, ANDREW
C/O DCI ASSOCIATION SERVICES
2035 HARDING ST SUITE 200
HOLLYWOOD, FL 33020**

APR 26 2007

Name

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

City

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME CRAWFORD, GENEVA
STREET ADDRESS 4736 NW 5TH CT.
CITY-ST-ZIP COCONUT CREEK, FL 33063

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME SOUZA, MARCIO
STREET ADDRESS 530 SE 2ND AVE., UNIT F3
CITY-ST-ZIP DEERFIELD BEACH, FL 33441

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☐ Delete
NAME HERZOG, HALLE
STREET ADDRESS 610 SE 2ND AVE., UNIT L-5
CITY-ST-ZIP DEERFIELD BEACH, FL 33441

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☒ Delete
NAME MAKAREWICZ, LISA
STREET ADDRESS 600 SE 2ND AVE., UNIT K-25
CITY-ST-ZIP DEERFIELD BEACH, FL 33441

TITLE ☐ Change ☒ Addition
NAME *Secretary*
STREET ADDRESS *marilyn COX*
CITY-ST-ZIP *540 SE 2nd Avenue J-21*
Deerfield Beach 33441

TITLE D ☒ Delete
NAME HERNANDEZ, FRANCISCO
STREET ADDRESS 600 SE 2ND AVE SUITE K-23
CITY-ST-ZIP DEERFIELD BEACH, FL 33441

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME PENLAND, TOM P
STREET ADDRESS 3405 SE 2ND AVE UNIT B-7
CITY-ST-ZIP DEERFIELD BEACH, FL 33441

TITLE ☒ Change ☐ Addition
NAME *Penland, Toni*
STREET ADDRESS
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: *Geneva D. Crawford* President 4-17-07 954-7451170
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #