## 2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

## Apr 24, 2006 8:00 am Secretary of State DOCÚMENT # N03000001593 04-24-2006 90369 039 \*\*\*\*61.25 SHERIDAN BEACH CLUB CONDOMINIUM ASSOCIATION NUMBER ONE, INC. Principal Place of Business Mailing Address 649 E SHERIDAN ST #106 649 E SHERIDAN ST #106 DANIA BCH FL 33004 DANIA BCH FL 33004 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State 4. FEI Number Applied For 03-0453491 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GUTHARD, KEVIN M Street Address (P.O. Box Number is Not Acceptable) 311 E. SHÉRIDAN ST. DANIA BCH FL 33004 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 privited name of registered agent and title if applicable (NOTE: Registered Agent signature required when rerestating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2006 Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. Jim Lottus TITLE Delete ☐ Change THEF GUIGNARD, ALEX 649 E. SheriPAN NAME NAME STREET ADDRESS PO BOX 93 STREET ADDRESS DANIA BILL FI 33064 DANIA BCH FL 33004 CITY-ST-ZiP CHY-ST-ZIP CATTAN Ciolinia VPSD Addition TITLE TITLE ☐ Change SMITH, RANDI NAME PO BOX 93 STREET ADDRESS STREET ADDRESS 3300-DANIA BCH FL 33004 CITY-ST-7IP CITY-ST-7IP TITLE T/D TITLE ☐ Change Addition NAME BRANCUCCI, TERRY NAME STREET ADDRESS PO BOX 93 STREET ADDRESS DANIA BCH FL 33004 CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE Сhange ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THIF ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CHY-SI-7IP