


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

MAY 2

FILED
Jun 13, 2008 8:00 am
Secretary of State

06-13-2008 90001 032 ****61.25

DOCUMENT # N03000001593	
1. Entity Name SHERIDAN BEACH CLUB CONDOMINIUM ASSOCIATION NUMBER ONE, INC.	

Principal Place of Business 649 E SHERIDAN ST #106 DANIA BCH, FL 33004	Mailing Address PO BOX 93 DANIA BCH, FL 33004
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2. Principal Place of Business - No P.O. Box # 649 E Sheridan St #209	3. Mailing Address 649 E Sheridan St #209
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City & State Dania Beach FL	City & State Dania Beach FL
Zip 33004	Country USA



05192008 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent GUSTARD, KEVIN M 311 E SHERIDAN ST. DANIA BCH, FL 33004	
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7. Name and Address of New Registered Agent Name Cathy A Ciolino Street Address (P.O. Box Number is Not Acceptable) 649 E Sheridan St #209 City Dania Beach FL Zip Code 33004	
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 Cathy A Ciolino Signature, typed or printed name of registered agent and title if applicable.	DATE 19 May 08 (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by September 12, 2008	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LAFTUS, JIM 649 E SHERIDAN ST DANIA, FL 33004 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Cathy Ciolino 649 E Sheridan St #209 Dania Beach FL 33004 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CIOLINE, CATHY 649 E SRUEDON ST DANIA, FL 33004 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Bruce Ruckle 519 E Sheridan St #301 Dania Beach FL 33004 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RUCKER, BRUCE 649 E SHERIDAN ST DANIA BCH, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Helen Cirincione 649 E Sheridan St #210 Dania Beach FL 33004 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Cari Kress 905 Natures Cove Rd Dania Beach, FL 33004 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Grant Jolley 10347 Islander Drive Boca Raton FL 33498 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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: Cathy A Ciolino **Cathy A Ciolino** **26 May 08** **954-662-7195**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #