

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N94000000198

**FILED**  
**Jan 16, 2010**  
**Secretary of State**

**Entity Name:** SHEPPARD ESTATE TOWNHOMES ASSOCIATION, INC.

**Current Principal Place of Business:**

2008 RIVERSIDE PLACE #2  
WILTON MANORS, FL 33305 US

**New Principal Place of Business:**

**Current Mailing Address:**

2008 RIVERSIDE PLACE #2  
WILTON MANORS, FL 33305 US

**New Mailing Address:**

**FEI Number:** 65-0478348

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RIDEOUT, RAYMOND L  
2008 RIVERSIDE PL #2  
WILTON MAORS, FL 33305 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** ARMSTRONG, JUDITH G  
**Address:** 1626 E. LAS OLAS BLVD.  
**City-St-Zip:** FT. LAUDERDALE, FL 33301 US

**Title:** SD  
**Name:** BROWN, NANCY R  
**Address:** 10 SE 17 AVE  
**City-St-Zip:** FORT LAUDERDALE, FL 33301 US

**Title:** TD  
**Name:** HIGGS, INA M  
**Address:** 1602 E. LAS OLAS BLVD  
**City-St-Zip:** FORT LAUDERDALE, FL 33301 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** JUDITH G ARMSTRONG

PD

01/16/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date