FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name

N95000005323 (9)

SHERIDAN GLEN HOMEOWNERS' ASSOCIATION, INC.												
Principal Place of Business Mailing Address									# 00011 00111 0011	HE WALLEN HALL	O HIPBR AMILIBRI	
101 NW 72ND AVENUE 101 NW 72ND AVENUE PLANTATION FL 33317 PLANTATION FL 33317												
								3. Date Incorporated or Qualified 11/08/1995	3a. Date	e of Last	Report	
2. Principal Pl	lace of Busin	ess	2a. Mailing Address	2a. Mailing Address				4. FEI Number APPLIED	6.	1	oplied For	
21			26					APPLIED	FOR		Not Applicable	
Suite, Apt.	#, etc.		Suite, Apt. #, etc	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional Required	
City & State	e			City & State				6. Election Campaign Financing			May Be	
23			28					Trust Fund Contribution			to Fees	
Zip		Country	Zip	Zip Count			8. This corporation has liability for intangible tax under s. 199.032,					
24	25		29	30				Florida Statutes Yes No				
	9. Name	and Address of Curre	nt Registered Agent		81	N 1		10. Name and Address of New F	legistered A	gent		
					18	Name						
	LE, GEORG						Addres	ress (P.O. Box Number is Not Acceptable)				
101 NW 72ND AVENUE					83							
PLANTATION FL 33317												
					84	City			FL	85 Zip	Code	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered age familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.									egistered office agent. I am			
SIGNATURE	Standburg byond	or printed name of registered agen	ot and title if ponicable	(NO1E: Registered	1 Δαρεί	t cianaluru re		han reinstat na)	DATE			
12.	Signature, typeu		ND DIRECTORS	13.	n wilkes	ii aigikatire /e	ajanesi w	ADDITIONS/CHANGES TO OFF	·	DIRECTO	RS IN 12	
TITLE	PD	Floriers			1.1 TITLE				· · · · · · · · · · · · · · · · · · ·	Change	Addition	
NAME	MCARDLE, GEORGE E JR			1.2 N		2 NAME						
STREET ADDRESS				1.3 5		1.3 STREET ADDRESS						
CITY-ST-ZIP	PLANTATION FL 33317					4 CITY-ST-ZIP						
TITLE	VSTD		☐ DELÉTE	☐DELÉTE 2.11		2.1 TITLE] Change	Addition	
NAME •		EIN, MICHAEL		22 N	AME							
STREET ADDRESS	101 NW 72ND AVENUE			2.3 \$		2.3 \$TREET ADDRESS						
CITY-ST-ZIP	PLANTATION FL 33317				2. 4 CITY-ST-ZIP					101		
TITLE	VSD		DELETE			3.1 TITLE] Change	☐ Addition	
NAME	BARR, JOHN			32 N								
STREET ADDRESS	101 NW 72ND AVENUE PLANTATION FL 33317		1			ADDRESS						
CITY-ST-ZIP TITLE	PLANIA	ATION FL 33317	DELETE	3.4.1 4.1 T		ST-ZIP				Change	Addition	
NAME					NAME				_	Johango		
STREET ADDRESS				1		ADDRESS						
CITY-ST-ZIP						T-ZIP					1	
TITLE			DELETE] Change	Addition	
NAME				5 2 N	AME							
STREET ADDRESS				538	TREET	ADDRESS						
CITY - ST - ZIP				540	11Y-S	1 - ZIP						
TITLE			DELETE	617	ITLE			יל ניתחתתם	=0.56	Change	☐ Addition	
NAME				62 N	AME	ſ		6000017! -03/20/9601(rw R		
STREET ADDRESS				638	TREET	ADDRESS		***61.25	,00 UI			
CITY-ST-ZIP					6 4 CHTY - ST - ZIP				07:014 : 5:			
14 I do herel	by certify that	t the information supplied	Lwith this filing is voluntarily	turnished and	rioe:	s not oual	lify for	the exemption stated in Section 119	OZBRK Florid	na Statuti	es Ituriber I	

4. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or director of the corporation or the receiver or trusted to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an paper.

SIGNATURE:

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/96

584-9119 Daytrine Phone # CR2E037 (12/95)