

FILE NOW: FILING FEE IS \$61.25

FILED
Jun 29 1998 8:00am
Secretary of State

| | | |
|---|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # **095000005323**
1. Corporation Name
Sheridan Glen Homeowners' Association, Inc.

Principal Place of Business Mailing Address
**101 NW 72nd Ave.
Plantation, FL 33017**

| | |
|--|---|
| 2. Principal Place of Business 21 P.O. Box 824461 Suite, Apt. #, etc. | 2a. Mailing Address 26 P.O. Box 824461 Suite, Apt. #, etc. |
| 22 City & State 23 South Florida, FL | 27 City & State 28 South Florida, FL |
| 24 Zip 33082-4461 25 Country FL, S.A. | 29 Zip 33082-4461 30 Country U.S.A. |

3. Date Incorporated or Qualified
11-8-95

4. FEI Number **65-0650208** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association? Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
**George E. McArdle, Jr.
101 NW 72nd Ave.
Plantation, FL 33317**

10. Name and Address of New Registered Agent

| |
|--|
| 81 Name Edward Zimmerman |
| 82 Street Address (P.O. Box Number is Not Acceptable) 9000 Sheridan St. #100 |
| 83 |
| 84 City Pembroke Pines FL 85 Zip Code 33024 |

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 office or 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 agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE **Edward Zimmerman** DATE **6-17-98**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)

| 12. OFFICERS AND DIRECTORS | |
|----------------------------|--|
| TITLE | <input checked="" type="checkbox"/> DELETE |
| NAME | George E. McArdle, Jr. |
| STREET ADDRESS | 101 NW 72nd Ave. |
| CITY-ST-ZIP | Plantation, FL 33317 |
| TITLE | <input checked="" type="checkbox"/> DELETE |
| NAME | Michael Bernstein |
| STREET ADDRESS | 101 NW 72nd Ave. |
| CITY-ST-ZIP | Plantation, FL 33317 |
| TITLE | <input checked="" type="checkbox"/> DELETE |
| NAME | John Barr |
| STREET ADDRESS | 101 NW 72nd Ave. |
| CITY-ST-ZIP | Plantation, FL 33317 |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|--|
| 1.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | INER COSTA-CLUBB |
| 1.3 STREET ADDRESS | 6924 S.W. 148 Lane |
| 1.4 CITY-ST-ZIP | Davie, FL 33331 |
| 2.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | EDWARD ZIMMERMAN |
| 2.3 STREET ADDRESS | 6955 S.W. 148 Lane |
| 2.4 CITY-ST-ZIP | Davie, FL 33331 |
| 3.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME | Carla Coombs |
| 3.3 STREET ADDRESS | 6916 S.W. 148 Lane |
| 3.4 CITY-ST-ZIP | Davie, FL 33331 |
| 4.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME | ROGER ARCHABAL |
| 4.3 STREET ADDRESS | 6963 S.W. 148 Lane |
| 4.4 CITY-ST-ZIP | Davie, FL 33331 |
| 5.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME | Brian Fulton |
| 5.3 STREET ADDRESS | 6940 S.W. 148 Lane |
| 5.4 CITY-ST-ZIP | Davie, FL 33331 |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 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 12 or Block 13 if changed, or on an attachment with an address.

VOID
6-17-98

CR2E037 (10/97)