


FILE NOW: FILING FEE IS \$61.25

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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000005323

1. Corporation Name
SHERIDAN GLEN HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business PO BOX 824461 SOUTH FLORIDA FL 33082-4461	Mailing Address PO BOX 824461 SOUTH FLORIDA FL 33082-4461
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2. Principal Place of Business 21 9000 Sheridan St Suite, Apt. #, etc. 22 Suite 100 City & State 23 Pembroke Pines, FL Zip 24 33024 Country 25 US	2a. Mailing Address 26 9000 Sheridan St Suite, Apt. #, etc. 27 Suite 100 City & State 28 Pembroke Pines, FL Zip 29 33024 Country 30 US	3. Date Incorporated or Qualified 11/08/1995	4. FEI Number 65-0650208	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		

9. Name and Address of Current Registered Agent ZIMMERMAN, EDWARD 9000 SHERIDAN ST., #100 PEMBROKE PINES FL 33024				10. Name and Address of New Registered Agent	
81 Name				85 Zip Code	
82 Street Address (P.O. Box Number is Not Acceptable)				FL	
83				84 City	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD CLUBB-COSTA, INEZ	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6924 SW 148 LANE	1.2 NAME	
STREET ADDRESS	DAVIE FL 33331	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VD ZIMMERMAN, EDWARD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6955 SW 148 LANE	2.2 NAME	
STREET ADDRESS	DAVIE FL 33331	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	TD COOMBS, CARLA	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6955 SW 148 LANE	3.2 NAME	
STREET ADDRESS	DAVIE FL 33331	3.3 STREET ADDRESS	6916 SW 148 Lane
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	SD ARCHABAL, ROGER	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6955 SW 148 LANE	4.2 NAME	
STREET ADDRESS	DAVIE FL 33331	4.3 STREET ADDRESS	6963 SW 148 Lane
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D FULTON, BRIAN	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6955 SW 148 LANE	5.2 NAME	
STREET ADDRESS	DAVIE FL 33331	5.3 STREET ADDRESS	6940 SW 148 Lane
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: Edward Zimmerman SIGNATURE REQUIRED 3/19/99 (954) 431-7111 Date Daytime Phone #

CR2E037 (11/98)