

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **713271** (5)
1. Corporation Name
SHERWOOD AREA HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
POST OFFICE BOX 6255 **POST OFFICE BOX 6255**
TITUSVILLE FL 32782-6255 **TITUSVILLE FL 32782-6255**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/30/1967		3a. Date of Last Report 04/20/1995	
21		26		4. FEI Number 59-2092759		Applied For ☐ Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24 Zip		29 Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No			
25 Country		30 Country					

9. Name and Address of Current Registered Agent

HENSCHEL, CHARLES
4320 FLINTSHIRE WAY
TITUSVILLE FL 32796

10. Name and Address of New Registered Agent

81 Name	SAME AS CURRENT		
82 Street Address (P.O. Box Number is Not Acceptable)			
83			
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 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 **CHARLES F. HENSCHEL** *Charles F. Henschel* **4/15/96**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	PHELPS, RONALD	1.2 NAME	
STREET ADDRESS	1915 CARPENTER RD	1.3 STREET ADDRESS	SAME AS 1995
CITY-ST-ZIP	TITUSVILLE FL	1.4 CITY-ST-ZIP	
TITLE	VD ☒ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	BROWN, LOIS	2.2 NAME	BAXTER, ROBERT
STREET ADDRESS	4160 SHERWOOD DR	2.3 STREET ADDRESS	1911 ROBINHOOD CT
CITY-ST-ZIP	TITUSVILLE FL	2.4 CITY-ST-ZIP	TITUSVILLE, FL 32796
TITLE	SD ☒ DELETE	3.1 TITLE	☒ Change ☐ Addition
NAME	RAEBURN, PAULA	3.2 NAME	GRAY, JUDITH
STREET ADDRESS	4685 LONGBOW DR	3.3 STREET ADDRESS	1760N. CARPENTER RD,
CITY-ST-ZIP	TITUSVILLE FL	3.4 CITY-ST-ZIP	TITUSVILLE, FL 32796
TITLE	TD ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	HENSCHEL, CHARLES	4.2 NAME	SAME AS 1995
STREET ADDRESS	4320 FLINTSHIRE WAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	TITUSVILLE FL	4.4 CITY-ST-ZIP	
TITLE	D ☒ DELETE	5.1 TITLE	☒ Change ☐ Addition
NAME	FRENCH, JOHNSON	5.2 NAME	ERDMAN, THOMAS
STREET ADDRESS	1904 ROBIN HOOD CT.	5.3 STREET ADDRESS	4791 SQUIRES DR
CITY-ST-ZIP	TITUSVILLE FL	5.4 CITY-ST-ZIP	TITUSVILLE, FL 32796
TITLE	D ☒ DELETE	6.1 TITLE	☒ Change ☐ Addition
NAME	CARLSON, KENNETH	6.2 NAME	STEUERWALD, VIC
STREET ADDRESS	4242 FLINTSHIRE WAY	6.3 STREET ADDRESS	1974 LANCE CT
CITY-ST-ZIP	TITUSVILLE FL	6.4 CITY-ST-ZIP	TITUSVILLE, FL 32796

14. 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 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.

SIGNATURE: *Charles F. Henschel* **4/15/96** **407-267-6222**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)