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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

DOCUMENT # 7:
1. Corporation Name

713271

(5)

## SHERWOOD AREA HOMEOWNERS ASSOCIATION, INC.

| SHERWOOD AREA HOMEOWINERS ASSOCIATION, INC.                            |   |   |                       |                                   |                       |   |  |  |
|--|---|---|-----------------------|-----------------------------------|-----------------------|---|--|--|
| Principal Place of Business Mailing Address                            |   |   |                       |                                   |                       | ( 100tit 1000) (1000   11tio   12ti 1000) (303 0103 | i minit ninti milit kinii hinii hinii  |  |
| POST OFFICE BOX 6255 TITUSVILLE FL 32782-6255 TITUSVILLE FL 32782-6255 |   |   |                       |                                   |                       | 3. Date Incorporated or Qualified 08/30/1967        |  |  |
|  |   |   |                       |                                   |                       |   | 4. FEI Number 59-2092759   | Applied For Not Applicable                             |
| 2. Principal Place of Business 2a. Mailing Address 21                  |   |   |                       |                                   |                       |   | 5. Certificate of Status Desired   | \$8.75 Additional<br>Fee Required                      |
| Suite, Apt. #, etc. Suite, Apt.  |   |   | ot. #, etc.           |                                   |                       |   | 6. Election Campaign Financing   | \$5.00 May Be  |
| 22 27  |   |   |                       |                                   |                       |   | Trust Fund Contribution  | Added to Fees  |
| City & State   | 9   | City & State  | City & State          |                                   |                       |   | 7. Is this nonprofit corporation a homeow  | ners association?                                      |
| 23   |   | 28  |                       |                                   |                       |   | ☐ No   |  |
| Zip  |   |   | Country               | •                                 |                       | 8. This corporation owes or has paid the            |  |  |
| 24   | 9. Name and Address of Curren                       | 29 Agent  | 30                    |                                   |                       |   | Personal Property Tax due June 30.  10. Name and Address of New Register                   | Yes No   |
|  | y, Name and Address of Curren                       | i negistered Agent  |                       | 81                                | Name                  | ,   | IV. Name and Address of New Register   | eu Agent   |
| HENSCH   | el, leslee  |   |                       | 82                                |                       |   | s (P.O. Box Number is Not Acceptable)  |  |
| 4320 FLINTSHIRE WAY  |   |   |                       | 011001                            | 7100100               | ( .e. beariames is not isospicasis)                 |  |  |
| TITUSVIL   | E FL 32796  |   |                       | 83                                |                       |   |  |  |
|  |   |   |                       | 84                                | City                  |   |  | 85 Zip Code  |
|  |   | 2 and 617.1508, Florida Stat<br>of Florida. Such change wa-<br>ations of, Section 617.0503, | tutes, the sauthorida | he above<br>orized by<br>Statutes | e-named<br>the cores. | i corpor<br>poration                                | ation submits this statement for the purpos<br>a's board of directors. I hereby accept the | e of changing its registered appointment as registered |
| SIGNATURE 2  | Signature, typed or printed name of registered ager | nt and title if applicable. (N  | IOTE: Reg             | gistered Age                      | nt signatur           | e required  | when reinstaling) DAT  | E  |
| 12.  | OFFICERS AND  | ) DIRECTORS   |                       | 13.                               |                       |   | ADDITIONS/CHANGES TO OFFICERS  |  |
| TITLE  | PD  | ☐ DELETE  | ,                     | 1,1 TITLE                         |                       |   |  | ☐ Change ☐ Addition                                    |
| NAME   | RAEBURN, PAULA                                      |   | ı                     | 1.2 NAME                          |                       |   |  |  |
| STREET ADDRESS   | 4685 LONGBOW DR                                     |   | ı                     | 1.3 STREET                        | ADDRESS               |   |  |  |
| CITY-ST-ZIP  | TITUSVILLE FL                                       | ( ) priest  | _                     | 1.4 CITY - S                      | T-ZIP                 |   |  | Change Md Addition                                     |
| TITLE  | VD  | DELETE  | ı                     | 2.1 TITLE                         |                       |   |  | Change Addition  |
| NAME   | BRENNEMAN, HOWARD                                   |   | ı                     | 2.2 NAME                          |                       |   |  | 120 0 101001   |
| STREET ADDRESS   | 4355 LONDONTOWN RD                                  |   |                       | 2.3 STREET                        |                       |   |  |  |
| CITY-ST-ZIP<br>TITLE   | TITUSVILLE FL<br>SD                                 | DELETE  | ┰                     | 2. 4 CITY-S<br>3.1 TITLE          | ST-ZIP                | 77  |  | Change Addition  |
| NAME   | SWATON, EUNICE                                      | EA DEFEN  |                       | 3.2 NAME                          |                       | <u>-رحا</u>   | FAINIFTT LOUISE  | _ Shallys /  |
| STREET ADDRESS   | 4354 LONGBOW DR                                     |   | ı                     | 3.3 STREET                        | ADDRESS               | 21/2  | EN LANGBAU   | •  |
| CITY-ST-ZIP  | TITUSVILLE FL                                       |   |                       | 3.4. CITY-S                       |                       | 7   | ENNETT, LOUISE<br>FO LONGBOW<br>TUSVILLE, FL 320   | 9/   |
| TITLE  | TD  | DELETE  |                       | 4.1 TITLE                         | 11-24                 | 1 "   | HASTIZEE, FRE DOD,   | Change Addition  |
| NAME   | HENSCHEL, LESLEE                                    |   |                       | 4. 2 NAME                         |                       |   |  | _ • -  |
| STREET ADDRESS   | 4320 FLINTSTONE WAY                                 |   |                       | 4.3 STREET                        | ADDRESS               |   |  |  |
| CITY-ST-ZIP  | TITUSVILLE FL                                       |   |                       | 4.4 CITY-S                        |                       |   |  |  |
| TITLE  | D   | ☐ DELETE  |                       | 5.1 TITLE                         |                       | SI  | )  | Change Addition  |
| NAME   | OSBORNE, LESTER                                     |   | - 1                   | 5.2 NAME                          |                       | ~   | ,  |  |
| STREET ADDRESS   | 4375 LONDONTOWN RD                                  |   | 1                     | 5.3 STREET                        | ADDRESS               |   |  |  |
| CITY-ST-ZIP  | TITUSVILLE FL                                       |   |                       | 5.4 CITY - S                      | T-ZIP                 | <u> </u>  |  |  |
| TITLE  | D   | DELETE  | r                     | 6.1 TITLE                         |                       |   |  | Change Addition  |
| NAME   | STEVERWALD, VIC                                     |   | J                     | 6.2 NAME                          |                       |   |  |  |
| Street address   | 1974 LANCE COURT                                    |   |                       | 6.3 STREET                        | ADDRESS               |   |  |  |
|  | TITURE I E EI                                       |   |                       | 4400040                           | T 710                 | 1   |  |  |

14. I hereby certify that the information supplied with this filling 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.

GIGNATURE: LESLEE HEWSELFE TYPERSON OF JOSLE XIMMORIEL 1/2498

CR2E037 (10/97)

**FILED** 

Feb 04 1998 8:00am

Secretary of State