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NONPROFIT CORPORATION ANNUAL REPORT
**1999**

FLORIDA DEPARTMENT OF STATE
**Katherine Harris**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 713271

1. Corporation Name
SHERWOOD AREA HOMEOWNERS ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| POST OFFICE BOX 6255<br>TITUSVILLE FL 32782-6255 | POST OFFICE BOX 6255<br>TITUSVILLE FL 32782-6255 |

| 2. Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualified |
|---|---|---|
| 21 | 26 | 08/30/1967 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 | 4. FEI Number 59-2092759 ☐ Applied For ☐ Not Applicable |
| City & State 23 | City & State 28 | 5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required |
| Zip 24 Country 25 | Zip 29 Country 30 | 6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees |

**9. Name and Address of Current Registered Agent**

HENSCHEL, LESLEE
4320 FLINTSHIRE WAY
TITUSVILE FL 32796

**10. Name and Address of New Registered Agent**

81 Name TARABOLETTI, MARK
82 Street Address (P.O. Box Number is Not Acceptable) 4885 Yew COURT
83
84 City TITUSVILLE FL 85 Zip Code 32796

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 MARK TARABOLETTI, TREASURER 02/04/99
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 | ~~PD~~ PD | ☑ Change ☑ Addition |
| NAME | RAEBURN, PAULA | | 1.2 NAME | OSBORNE, LESTER | |
| STREET ADDRESS | 4685 LONGBOW DR | | 1.3 STREET ADDRESS | 4375 LONDONTOWN RD | |
| CITY-ST-ZIP | TITUSVILLE FL | | 1.4 CITY-ST-ZIP | TITUSVILLE FL 32796 | |
| TITLE | VD | ☐ DELETE | 2.1 TITLE | | ☐ Change ☐ Addition |
| NAME | BRENNEMAN, HOWARD | | 2.2 NAME | | |
| STREET ADDRESS | 4355 LONDONTOWN RD | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | TITUSVILLE FL | | 2.4 CITY-ST-ZIP | | |
| TITLE | D | ☐ DELETE | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | BENNETT, LOUISE | | 3.2 NAME | | |
| STREET ADDRESS | 4690 LONGBOW | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | TITUSVILLE FL 32796 | | 3.4 CITY-ST-ZIP | | |
| TITLE | TD | ☐ DELETE | 4.1 TITLE | SD | ☑ 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-ST-ZIP | | |
| TITLE | SD | ☑ DELETE | 5.1 TITLE | TD | ☐ Change ☑ Addition |
| NAME | OSBORNE, LESTER | | 5.2 NAME | TARABOLETTI, MARK | |
| STREET ADDRESS | 4375 LONDONTOWN RD | | 5.3 STREET ADDRESS | 4885 Yew COURT | |
| CITY-ST-ZIP | TITUSVILLE FL | | 5.4 CITY-ST-ZIP | TITUSVILLE FL 32796 | |
| TITLE | D | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | STEVERWALD, VIC | | 6.2 NAME | | |
| STREET ADDRESS | 1974 LANCE COURT | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | TITUSVILLE FL | | 6.4 CITY-ST-ZIP | | |

CR2E037 (11/98)

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:** SIGNATURE REQUIRED MARK TARABOLETTI 02/04/99 (407) 269 5914
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #