

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 01, 2001 08:00 AM****Secretary of State****DOCUMENT # 713271**1. Entity Name
SHERWOOD AREA HOMEOWNERS ASSOCIATION, INC.Principal Place of Business
POST OFFICE BOX 6255
TITUSVILLE FL 327826255
Mailing Address
POST OFFICE BOX 6255
TITUSVILLE FL 3278262552. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2092759
Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required**6. Name and Address of Current Registered Agent**TARABOLETTI MARK
4885 YEW COURT
TITUSVILLE FL 32796**7. Name and Address of New Registered Agent**Name
OSBURNE LESTER R
Street Address (P.O. Box Number is Not Acceptable)
4375 LONDONTOWN RD
City
TITUSVILLE FL Zip Code
32796

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE **LESTER R. OSBURNE****05/01/2001**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

**FILE NOW:
FEE IS \$61.25**9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees**Make Check Payable to
Department of State****10. OFFICERS AND DIRECTORS**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	FL	32796
D	STEERWALD VIC	1974 LANCE COURT	TITUSVILLE	FL	32796
SD	OSBURNE LESTER	4375 LONDONTOWN RD	TITUSVILLE	FL	32796
TD	TARABOLETTI MARK	4885 YEW COURT	TITUSVILLE	FL	32796
SD	BENNETT LOUISE	4690 LONGBOW	TITUSVILLE	FL	32796
VD	BRENNEMAN HOWARD	4355 LONDONTOWN RD	TITUSVILLE	FL	32796
PD	OSBURNE LESTER	4375 LONDONTOWN RD	TITUSVILLE	FL	32796

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	FL	32796
TD	TRUDO LINDA M	4795 SQUIRES DR	TITUSVILLE	FL	32796

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:**LINDA M. TRUDO****TD****05/01/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)