## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#713271** 

Title:

VD

FILED Apr 23, 2009 Secretary of State

Entity Name: SHERWOOD AREA HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

SHERWOOD AREA SHERWOOD AREA HOMEOWNERS ASSN, INC. TITUSVILLE, FL 327826255

4840 CARODOC CIRCLE TITUSVILLE, FL 32796

**Current Mailing Address:** New Mailing Address:

POST OFFICE BOX 162 SHERWOOD AREA HOMEOWNERS ASSN, INC.

MIMS, FL 32754 4840 CARODOC CIRCLE TITUSVILLE, FL 32796

FEI Number: 59-2092759 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

STEUERWALD, VICTOR DAMOFF, HOWARD 4791 LONGBOW DRIVE 1974 LANCE CT TITUSVILLE, FL 32796 US US TITUSVILLE, FL 32796

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: HOWARD DAMOFF 04/23/2009

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:

VD

(X) Change ( ) Addition

() Delete (X) Change ( ) Addition STEUERWALD, VICTOR DAMOFF, HOWARD Name: Name: 1974 LANCE CT Address: 4791 LONGBOW DRIVE Address:

City-St-Zip: TITUSVILLE, FL 32796 City-St-Zip: TITUSVILLE, FL 32796

RAEBURN, PAULA Name: AKINS, GAIL Name: Address: 4370 LONDONTOWN RD Address: 4685 LONGBOW DRIVE City-St-Zip: TITUSVILLE, FL City-St-Zip: TITUSVILLE, FL 32796

Title: () Delete Title: () Change () Addition

HUGHES, MARY L Name: Name: Address: 4840 CARODOC CIR. Address: City-St-Zip: TITUSVILLE, FL 32796 City-St-Zip:

( ) Delete

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY L. HUGHES TD 04/23/2009