2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 08, 2003
Secretary of State

DOCUMENT# 713271

Entity Name: SHERWOOD AREA HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

POST OFFICE BOX 6255
TITUSVILLE, FL 327826255

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 6255
TITUSVILLE, FL 327826255

New Mailing Address:

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

Name and Address of Current Registered Agent:

OSBURNE, LESTER R
4375 LONDONTOWN RD
TITUSVILLE, FL 32796

Name and Address of New Registered Agent:

STEUERWALD, VICTOR
1974 LANCE CT
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: VICTOR STEUERWALD 07/08/2003
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: OSBURNE, LESTER
Address: 4375 LONDONTOWN RD
City-St-Zip: TITUSVILLE, FL 32796

Title: VD ( ) Delete
Name: BRENNEMAN, HOWARD
Address: 4355 LONDONTOWN RD
City-St-Zip: TITUSVILLE, FL

Title: SD ( ) Delete
Name: BENNETT, LOUISE
Address: 4690 LONGBOW
City-St-Zip: TITUSVILLE, FL 32796

Title: TD ( ) Delete
Name: TRUDO, LINDA M
Address: 4795 SQUIRES DR
City-St-Zip: TITUSVILLE, FL 32796

Title: SD ( ) Delete
Name: OSBORNE, LESTER
Address: 4375 LONDONTOWN RD
City-St-Zip: TITUSVILLE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: STEUERWALD, VICTOR
Address: 1974 LANCE CT
City-St-Zip: TITUSVILLE, FL 32796

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change ( ) Addition
Name: AKINS, GAIL
Address: 4370 LONDONTOWN RD
City-St-Zip: TITUSVILLE, FL 32796

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: LINDA TRUDO TD 07/08/2003
Electronic Signature of Signing Officer or Director Date