


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90031 036 ****61.25

DOCUMENT # N01000000393

1. Entity Name
SHERMAN HILLS HOME OWNERS' ASSOCIATION, INC.



Principal Place of Business
 6376 WINDMERE RD
 BROOKSVILLE, FL 34602

Mailing Address
 6376 WINDMERE RD
 BROOKSVILLE, FL 34602

40001515



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

01112005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-3713487

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

PEARSON, JOHN O
7173 LEXINGTON CIRCLE
BROOKSVILLE, FL 34602

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	VPD	<input type="checkbox"/> Delete
NAME	WENDELL, DORIS	
STREET ADDRESS	31086 INWOOD CIR.	
CITY-ST-ZIP	BROOKSVILLE, FL 34602	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	BOZE, HELEN	
STREET ADDRESS	6463 ASHMONTE AVE	
CITY-ST-ZIP	BROOKSVILLE, FL 34602	
TITLE	TD	<input type="checkbox"/> Delete
NAME	PEARSON, JOHN O	
STREET ADDRESS	7178 LEXINGTON CIR.	
CITY-ST-ZIP	BROOKSVILLE, FL 34602	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	CROFT, CHARLIE	
STREET ADDRESS	7122 LEXINGTON CIRCLE	
CITY-ST-ZIP	BROOKSVILLE, FL 34602	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALICE SHOFF	
STREET ADDRESS	6497 Amber Ridee Cir	
CITY-ST-ZIP	Brooksville FL 34602	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SUSANNE WITT	
STREET ADDRESS	7062 LEXINGTON CIR	
CITY-ST-ZIP	Brooksville FL 34602	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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: *John O Pearson* **John O Pearson** *1/13/05* **352-796-3758**
Signature and typed or printed name of signing officer or director Date Daytime Phone #