


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2007 8:00 am
Secretary of State

02-15-2007 90040 016 ****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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3713487	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PEARSON, JOHN O 7173 LEXINGTON CIRCLE BROOKSVILLE, FL 34602			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WENDELL, DORIS		NAME		
STREET ADDRESS	31086 INWOOD CIR.		STREET ADDRESS		
CITY-ST-ZIP	BROOKSVILLE, FL 34602		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILSON, KEY		NAME	Locke, Marie	
STREET ADDRESS	6440 ASHMON ST		STREET ADDRESS	81029 Park Ridge Dr	
CITY-ST-ZIP	BROOKSVILLE, FL 34602		CITY-ST-ZIP	Brooksville, FL 34602	
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEARSON, JOHN O		NAME		
STREET ADDRESS	7178 LEXINGTON CIR.		STREET ADDRESS		
CITY-ST-ZIP	BROOKSVILLE, FL 34602		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WITT, SUSANNE		NAME	Warner, Joyce	
STREET ADDRESS	7062 LEXINGTON CIR		STREET ADDRESS	7055 Windmere Rd	
CITY-ST-ZIP	BROOKSVILLE, FL 34602		CITY-ST-ZIP	Brooksville FL	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>John O Pearson</i>			John O. Pearson, Treas		Date: 2/19/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					Daytime Phone #: 352/796-3758