


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 24, 2004 8:00 am
Secretary of State

04-28-2004 90258 034 ****61.25

DOCUMENT # N02000008534

1. Entity Name
LEGACY AT SHERWOOD FOREST HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
 12534 WILES ROAD
 CORAL SPRINGS, FL 33076

Mailing Address
 12534 WILES ROAD
 CORAL SPRINGS, FL 33076

66423605



2. Principal Place of Business
4400 Regal Court

3. Mailing Address
5850 N. Atlantic Ave #106

02172004 Chg-NP CR2E037 (10/03)

City & State
Delray Beach, FL

City & State
Delray Beach, FL

Zip
33445

Country
U.S.A.

Zip
33484

Country

4. FEI Number
APPLIED FOR 13-4252600

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

LEOPOLD KORN & LEOPOLD PA
 20801 BISCAYNE BLVD SUITE 501
 AVENTURA, FL 33180

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2004

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 NAME STREET ADDRESS CITY-ST-ZIP	STD GOMEZ, AL 12534 WILES ROAD CORAL SPRINGS, FL 33076	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOLDSWORTHY, JOHN 12534 WILES ROAD CORAL SPRINGS, FL 33076	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARGOLIS, STEPHEN 12534 WILES ROAD CORAL SPRINGS, FL 33076	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PERRY, CRAIG 12534 WILES ROAD CORAL SPRINGS, FL 33076	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD David Lutterberg 4423 Regal Court Delray Beach, FL 33445	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Sara Guenzler 68 Legacy Ct. Delray Beach FL 33445	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Jay Caplen 4301 Legacy Ct. Delray Beach, FL 33445	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Nancy R. Caplen* UP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR