

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
May 07, 2003 8:00 am
Secretary of State

05-07-2003 90176 026 ****61.25

0077568

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**



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number **Applied For** Applied For Not Applicable

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

CHECK HERE IF MAKING CHANGES

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 _____

FILE NOW: FEE IS \$61.25

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	STD	<input type="checkbox"/> Delete
NAME	GOMEZ, AL	
STREET ADDRESS	12534 WILES ROAD	
CITY-ST-ZIP	CORAL SPRINGS FL 33076	
TITLE	D	<input type="checkbox"/> Delete
NAME	GOLDSWORTHY, JOHN	
STREET ADDRESS	12534 WILES ROAD	
CITY-ST-ZIP	CORAL SPRINGS FL 33076	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MARGOLIS, STEPHEN	
STREET ADDRESS	12534 WILES ROAD	
CITY-ST-ZIP	CORAL SPRINGS FL 33076	
TITLE	V	<input type="checkbox"/> Delete
NAME	PERRY, CRAIG	
STREET ADDRESS	12534 WILES ROAD	
CITY-ST-ZIP	CORAL SPRINGS FL 33076	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: SIGNATURE REQUIRED **4/28/03 954-344-8040**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E037 (10/02)