


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2006 8:00 am
Secretary of State

03-28-2006 90125 043 ****61.25

DOCUMENT # N04000007866

1. Entity Name
SHERWOOD AT THE CROSSROADS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**13100 WESTLINKS TERRACE
 FORT MYERS, FL 33913 US**

Mailing Address
**13100 WESTLINKS TERRACE
 FORT MYERS, FL 33913 US**

00061706



2. Principal Place of Business
**27499 Riverview Center BLVD
 Suite 134
 Bonita Springs, Florida
 Zip 34134 Country USA**

3. Mailing Address
**27499 Riverview Center BLVD
 Suite 134
 Bonita Springs, Florida
 Zip 34134 Country USA**

03132006 Chg-NP CR2E037 (11/05)

4. FEI Number
04-3820386

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**OSMOND, SCOTT
 13100 WESTLINKS TERRACE
 FORT MYERS, FL 33913**

7. Name and Address of New Registered Agent
 Name **LIM LOEKH**
 Street Address (P.O. Box Number is Not Acceptable)
**DMN management services of FLORIDA, Inc
 27499 Riverview Center BLVD, Suite 134
 Bonita Springs FL Zip Code 34134**

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 **Lim Loekh - AGENT**

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

**Filing Fee is \$61.25
 Due by May 1, 2006**

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	DP OSMOND, SCOTT 13100 WESTLINKS TERRACE FORT MYERS, FL 33913	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HASH, NORMAN 13100 WESTLINKS TERRACE FORT MYERS, FL 33913	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST SFERES, MICHAEL 11934 FAIRWAY LAKES DR FT MYERS, FL 33913	<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
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	DP CLARK, Kevin 13100 Westlinks Terrace FT. MYERS, FL 33913	<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	DST WILLIAMS, STEVE 13100 WESTLINKS TERRACE FT. MYERS, FL 33913	<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
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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **3/14/06** Daytime Phone # _____