


FILED
May 07, 2007 8:00 am
Secretary of State

03-30-2007 90144 043 ****61.25

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N04000007866			
1. Entity Name SHERWOOD AT THE CROSSROADS HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business 27499 RIVERVIEW CENTER BLVD SUITE 134 BONITA SPRINGS, FL 34134 US		Mailing Address 27499 RIVERVIEW CENTER BLVD SUITE 134 BONITA SPRINGS, FL 34134 US	
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 04-3820386		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		87.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
LOEHR, TIM OMNI MGMT. SERVICES OF FL, LMC 27499 RIVERVIEW BLVD., SUITE 134 BONITA SPRINGS, FL 34134		Name <u>OMNI Management Services, Inc</u> Street Address (P.O. Box Number is Not Acceptable) <u>27499 Riverview Center Blvd</u> <u>#134</u> City <u>Bonita Springs</u> FL Zip Code <u>34134</u>	
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 <u>Tom Loeher agent</u>		DATE <u>3/30/07</u>	
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 NAME STREET ADDRESS CITY-ST-ZIP	DP CLARK, KEVIN 13100 WESTLINKS TERRACE FORT MYERS, FL 33913 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HASH, NORMAN 13100 WESTLINKS TERRACE FORT MYERS, FL 33913 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Alan Beulah same <input checked="" 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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Keith Berg <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Sarah Court <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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 <u>KEVIN CLARK</u>		DATE <u>4/23/07</u> 23A-512-2460	

66013499



03062007 Chg-NP CR2E037 (12/06)

Inc

(NOTE: Registered Agent signature required when reinstating)