


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2008 8:00 am
Secretary of State

03-03-2008 90207 002 ****61.25

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 #
**Alliant Property Management, LLC
 6719 Winkler Rd. Suite 200
 Fort Myers, FL 33919**

3. Mailing Address
**c/o Alliant Property Management
 6719 Winkler Rd Suite 200
 Fort Myers, FL 33919**

02042008 Chg-NP CR2E037 (12/06)

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
**LOEHR, TIM
 OMNI MGMT. SERVICES OF FL, LMC
 27499 RIVERVIEW BLVD., SUITE 134
 BONITA SPRINGS, FL 34134**

7. Name and Address of New Registered Agent
 Name
 Street Address **Alliant Property Management
 6719 Winkler Rd Suite 200**
 City **Fort Myers, FL 33919** 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 *[Signature]* VP DATE **2-15-08**

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

Filing Fee is **\$61.25** Due by **May 1, 2008**

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		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 checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Elizabeth Enger 11053 River Trent Ct Lehigh Acres, FL 33971 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BECKAH, ALAN 13100 WESTLINKS TERRACE FORT MYERS, FL 33913 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD John Rieselmann 8113 Silver Birch Way Lehigh Acres, FL 33971 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DR BERG, KEITH 13100 WESTLINKS TERRACE FT MYERS, FL 33913 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Billy Edwards 8327 Silver Birch Way Lehigh Acres, FL 33971 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS CONANT, SARAH 13100 WESTLINKS TERRACE FORT MYERS, FL 33913 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JL Watson 8383 Silver Birch Way Lehigh Acres, FL 33971 <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	D Jaret Moore 8323 Silver Birch Way Lehigh Acres, FL 33971 <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	D Mita Berrette 11026 River Trent Ct Lehigh Acres, FL 33971 <input type="checkbox"/> Change <input checked="" 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]* Elizabeth Enger - President Date **2-15-08** Daytime Phone # **239-454-1101 x236**

Signature and typed or printed name of signing officer or director