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Apr 09 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N10344 (2)

1. Corporation Name

SHERWOOD FOREST HOMEOWNERS' ASSOCIATION OF ORLANDO, INC.

Principal Place of Business

C/O PARK AVENUE MGMT.  
1620 N COUNTY ROAD 427  
LONGWOOD FL 32750  
US

Mailing Address

C/O PARK AVENUE MGMT.  
1620 N COUNTY ROAD 427  
LONGWOOD FL 32750-3401  
US



3. Date Incorporated or Qualified  
07/22/1985

3a. Date of Last Report  
04/29/1996

2. Principal Place of Business

21 1632 N. COUNTY ROAD 427

Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 1632 N. COUNTY RD 427

Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

4. FEI Number  
NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DENOBLE, SCOTT  
3311 VISHAOL COURT  
ORLANDO FL 32817

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME TD  
DENOBLE, SCOTT  
STREET ADDRESS 3311 VISHAAL COURT  
CITY-ST-ZIP ORLANDO FL

TITLE ☐ DELETE

NAME PD  
GILSON, ELIZABETH  
STREET ADDRESS PO BOX 60 RUNWAY RD  
CITY-ST-ZIP CEDAR KEY FL

TITLE ☐ DELETE

NAME SD  
GILLIARD, GERALDEAN  
STREET ADDRESS 6760 VAN ROAD  
CITY-ST-ZIP ORLANDO FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/97

Date

4073814537

Daytime Phone # 0014038

CR2E037 (9/96)