

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 10, 2006 8:00 am
Secretary of State

03-10-2006 90012 037 ****61.25

DOCUMENT # N10344

1. Entity Name

SHERWOOD FOREST HOMEOWNERS' ASSOCIATION OF ORLANDO, INC.



Principal Place of Business

P.O. BOX 677307
ORLANDO FL 32867-7307
US

Mailing Address

P.O. BOX 677307
ORLANDO FL 32867-7307
US



2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-2657933

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**FRASCA, JOSEPH
C/O PREFERRED COMMUNITY MANAGEMENT
4962 N. PALM AVENUE
WINTER PARK FL 32792-9111**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: 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 PD
NAME GILSON, ELIZABETH ☐ Delete
STREET ADDRESS 115 LAKE DR
CITY-ST-ZIP OVIEDO FL 32765

TITLE SD
NAME O'MALLEY, SHAWN ☐ Delete
STREET ADDRESS 550 HOLT AVE #1B
CITY-ST-ZIP WINTER PARK FL 32789

TITLE STD
NAME BAILEY, ROBERT ☒ Delete
STREET ADDRESS 114 E HAZEL ST
CITY-ST-ZIP ORLANDO FL 32804

TITLE VD
NAME RODRIGUE, CRAIG ☐ Delete
STREET ADDRESS 14147 NELLROAD
CITY-ST-ZIP ORLANDO FL 32832

TITLE D
NAME JAGTAP, PRABHAKAR ☐ Delete
STREET ADDRESS 5890 MARLBERRY DR
CITY-ST-ZIP ORLANDO FL 32819

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 606 LIVINGSTON ST
CITY-ST-ZIP ORLANDO, FL 32803

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Elizabeth L. Gilson* (Elizabeth Gilson) 7/28/06 407-365-1499