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**FILED**  
**Feb 22, 1999 8:00 am**  
**Secretary of State**

02-22-1999 90147 049 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N95000003778**

1. Corporation Name

**SHERWOOD FOREST OF KISSIMEE HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

705 ARROW LN  
 KISSIMEE FL 34746  
 US

705 ARROW LN  
 KISSIMEE FL 34746  
 US



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

3. Date Incorporated or Qualified

08/08/1995

4. FEI Number

59-2521868

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

9. Name and Address of Current Registered Agent

**THOREN, W. RICHARD**  
 116 E. ALTAMONTE DRIVE, SUITE 210  
 ALTAMONTE SPRINGS FL 32701

10. Name and Address of New Registered Agent

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	D	<input type="checkbox"/> DELETE
NAME	GOODIN, IRENE	
STREET ADDRESS	128 YORK COURT	
CITY-ST-ZIP	KISSIMEE FL 34746	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	HUFF, JO	
STREET ADDRESS	683 ARROW LN	
CITY-ST-ZIP	KISSIMEE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HUMPHRIES, JOANN	
STREET ADDRESS	500 ARCHER LANE	
CITY-ST-ZIP	KISSIMEE FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	MANNETTA, FRANK	
STREET ADDRESS	499 ARCHER LANE	
CITY-ST-ZIP	KISSIMEE FL 34746	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DORSEY, BETTY	
STREET ADDRESS	696 ARROW LANE	
CITY-ST-ZIP	KISSIMEE FL 34746	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SHORTS, GEORGE	
STREET ADDRESS	141 SCOTT BLVD	
CITY-ST-ZIP	KISSIMEE FL	

1.1 TITLE	V.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	GOODIN, IRENE	
1.3 STREET ADDRESS	128 YORK COURT	
1.4 CITY-ST-ZIP	KISSIMEE, FL 34746	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	HUMPHRIES, JOANN	
3.3 STREET ADDRESS	500 ARCHER LANE	
3.4 CITY-ST-ZIP	KISSIMEE, FL 34746	
4.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	MATTHEWS, LEE	
4.3 STREET ADDRESS	706 FOREST LANE	
4.4 CITY-ST-ZIP	KISSIMEE, FL 34746	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED

1-4-99

407-396-0876

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/198)