

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 07, 2000 8:00 am**  
**Secretary of State**

02-07-2000 90011 044 \*\*\*\*61.25

**DOCUMENT # N95000003778**

1. Entity Name

**SHERWOOD FOREST OF KISSIMMEE HOMEOWNERS ASSOCIAT**

Principal Place of Business

Mailing Address

705 ARROW LN  
 KISSIMMEE FL 34746  
 US

705 ARROW LN  
 KISSIMMEE FL 34746-4904  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

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

Name

**IRENE GOODIN**  
 128 YORK COURT  
 KISSIMMEE, FL 34746

Change

Addition

4. FEI Number

**59-2521868**

Applied For  
 Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

7. Name and Address of New Registered Agent

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.

SIGNATURE

**IRENE GOODIN, PRESIDENT**

*Irene J Goodin*

**2-2-2000**

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**

9. Election Campaign Financing  
 Trust Fund Contribution.

P/D

Change

Addition

**IRENE GOODIN**  
 128 YORK COURT  
 KISSIMMEE, FL 34746

10. OFFICERS AND DIRECTORS

TITLE: **VP**  Delete  
 NAME: **GOODIN, IRENE**  
 STREET ADDRESS: **128 YORK COURT**  
 CITY-ST-ZIP: **KISSIMMEE FL 34746**

TITLE: **SD**  Delete  
 NAME: **HUFF, JO**  
 STREET ADDRESS: **683 ARROW LN**  
 CITY-ST-ZIP: **KISSIMMEE FL**

TITLE: **TD**  Delete  
 NAME: **HUMPHRIES, JOANN**  
 STREET ADDRESS: **500 ARCHER LANE**  
 CITY-ST-ZIP: **KISSIMMEE FL 34746**

TITLE: **VD**  Delete  
 NAME: **MATTHEWS, LEE**  
 STREET ADDRESS: **706 FOREST LANE**  
 CITY-ST-ZIP: **KISSIMMEE FL 34746**

TITLE: **D**  Delete  
 NAME: **DORSEY, BETTY**  
 STREET ADDRESS: **696 ARROW LANE**  
 CITY-ST-ZIP: **KISSIMMEE FL 34746**

TITLE: **D**  Delete  
 NAME: **SHORTS, GEORGE**  
 STREET ADDRESS: **141 SCOTT BLVD**  
 CITY-ST-ZIP: **KISSIMMEE FL**

11.

TITLE: **V/D**  Change  Addition  
 NAME: **JO HUFF**  
 STREET ADDRESS: **683 ARROW LANE**  
 CITY-ST-ZIP: **KISSIMMEE, FL 34746**

TITLE: **V/D**  Change  Addition  
 NAME: **JOANN HUMPHRIES**  
 STREET ADDRESS: **500 ARCHER LANE**  
 CITY-ST-ZIP: **KISSIMMEE, FL 34746**

TITLE: **S/D**  Change  Addition  
 NAME: **LEE ANN JONES**  
 STREET ADDRESS: **421 FOREST LANE**  
 CITY-ST-ZIP: **KISSIMMEE, FL 34746**

TITLE: **T/D**  Change  Addition  
 NAME: **GEORGE SHORTS**  
 STREET ADDRESS: **141 SCOTT BOULEVARD**  
 CITY-ST-ZIP: **KISSIMMEE, FL 34746**

TITLE: **D**  Change  Addition  
 NAME: **HECTOR BALFOUR**  
 STREET ADDRESS: **145 SCOTT BOULEVARD**  
 CITY-ST-ZIP: **KISSIMMEE, FL 34746**

TITLE: **D**  Change  Addition  
 NAME: **JEFFREY ADDISON**  
 STREET ADDRESS: **855 NOTTINGHAM LANE**  
 CITY-ST-ZIP: **KISSIMMEE, FL 34746**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption indicated on this report or supplemental report is true and accurate and that my signature shall be that of the corporation or the receiver or trustee empowered to execute this report as required by law, or changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Irene J Goodin*  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**FEB. 2, 2000 407-396-0131**  
 Date Daytime Phone #