

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2002 8:00 am**  
**Secretary of State**

04-11-2002 90061 032 \*\*\*\*61.25

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**DOCUMENT # N95000003778**

1. Entity Name  
**SHERWOOD FOREST OF KISSIMMEE HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business <b>705 ARROW LN          KISSIMMEE FL 34746          US</b>	Mailing Address <b>705 ARROW LN          KISSIMMEE FL 34746          US</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>59-2521868</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**GOODIN, IRENE  
 128 YORK COURT  
 KISSIMMEE FL 34746**

7. Name and Address of New Registered Agent  
 Name  
~~P.D. ADDISON, JEFFREY~~  
 Street Address (P.O. Box Number is Not Acceptable)  
**855 NOTTINGHAM LANE**  
 City  
**KISSIMMEE** FL Zip Code  
**34746**

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 JEFFREY ADDISON *[Signature]* DATE 04/03/02  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**

9. Election, Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD GOODIN, IRENE 128 YORK COURT KISSIMMEE FL 34746</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD HUFF, JO 683 ARROW LN KISSIMMEE FL</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>VD HUMPHRIES, JOANN 500 ARCHER LANE KISSIMMEE FL 34746</del> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD JONES, LEE ANN 421 FOREST LANE KISSIMMEE FL 34746</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD SHORTS, GEORGE 141 SCOTT BOULEVARD KISSIMMEE FL 34746</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BALFOUR, HECTOR 145 SCOTT BOULEVARD KISSIMMEE FL</b> <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD ADDISON, JEFFREY 855 NOTTINGHAM LANE KISSIMMEE FL 34746</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD TOBY WETZEL 539 SQUIRE LANE KISSIMMEE FL 34746</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>VD PATRICK MCCANN 778 FOREST LANE KISSIMMEE FL 34746</del> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD ROBERT W BATES 550 SQUIRE LANE KISSIMMEE FL 34746</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD GERTRUDE D RYAN 173 DURHAM CIRCLE KISSIMMEE FL 34746</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MARIE GAGNE 479 GREENWOOD LANE KISSIMMEE FL 34746</b> <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 exemption stated in Section 119.07(3)(i), 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: Hector Balfour Board member 407-396-6580  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)