

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90418 002 ****61.25

DOCUMENT # N95000003778			
1. Entity Name SHERWOOD FOREST OF KISSIMMEE HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business 705 ARROW LN KISSIMMEE, FL 34746 US		Mailing Address 705 ARROW LN KISSIMMEE, FL 34746 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		03312004 Chg-NP CR2E037 (10/03)	
		4. FEI Number 59-2521868	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	



6. Name and Address of Current Registered Agent ADDISON, JEFFREY 855 NOTTINGHAM LANE KISSIMMEE, FL 34746		7. Name and Address of New Registered Agent Name: LEE JAY COLLING Street Address (P.O. Box Number is Not Acceptable): 681 HAITLAND AVE ALTAMONTE SPRING City: Altamonte Springs FL Zip Code: 32789	
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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: *Lee Jay Colling* DATE: **4-14-04**
(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME PD ADDISON, JEFFREY 855 NOTTINGHAM LANE KISSIMMEE, FL 34746	<input checked="" type="checkbox"/> Delete	TITLE NAME PD MCCANN, PATRICK 778 FOREST LANE KISSIMMEE, FL 34746	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME VD MCCANN, PATRICK 778 FOREST LANE KISSIMMEE, FL 34746	<input checked="" type="checkbox"/> Delete	TITLE NAME EVD STEINWANDEL, RICHARD 545 SQUIRE LANE KISSIMMEE, FL 34746	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME VD STONWANDEL, RICHARD 545 SQUIRE LANE KISSIMMEE, FL 34746	<input checked="" type="checkbox"/> Delete	TITLE NAME VD ADDISON, JEFFREY 855 NOTTINGHAM LANE KISSIMMEE, FL 34746	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME SD JONES, LEE ANN 421 FOREST LANE KISSIMMEE, FL 34746	<input type="checkbox"/> Delete	TITLE NAME SD JONES, LEE ANN 421 FOREST LANE KISSIMMEE, FL 34746	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME TD RYAN, GERTRUDE D 173 DURHAM CIRCLE KISSIMMEE, FL 34746	<input checked="" type="checkbox"/> Delete	TITLE NAME SANDIEK TO SANDIEK SEYMOUR L. 592 ARROW LANE KISSIMMEE, FL 34746	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME D BALFOUR, HECTOR 145 SCOTT BOULEVARD KISSIMMEE, FL 34746	<input type="checkbox"/> Delete	TITLE NAME D BALFOUR, HECTOR 145 SCOTT BOULEVARD KISSIMMEE, FL 34746	<input type="checkbox"/> Change <input 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: *Patrick G. McCann Sr* DATE: **4-14-04** DAYTIME PHONE #: **396-1894**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR