

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90111 049 ****61.25



DOCUMENT # N95000003778				1. Entity Name SHERWOOD FOREST OF KISSIMMEE HOMEOWNERS ASSOCIATION, INC.	
Principal Place of Business		Mailing Address			
705 ARROW LN KISSIMMEE FL 34746 US		705 ARROW LN KISSIMMEE FL 34746 US		2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2521868	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
COLLING, LEE JAY 682 MAITLAND AVE WINTER PARK FL 32789				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 _____ (NOTE Registered Agent signature required when reinstating) _____ DATE _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADDISON, JEFFREY		NAME	RICH STEINWANDEL	
STREET ADDRESS	855 NOTTINGHAM LANE		STREET ADDRESS	545 SQUIRE LANE	
CITY-ST-ZIP	KISSIMMEE FL 34746		CITY-ST-ZIP	KISSIMMEE, FL 34746	
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	JULIAN HENRY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCANN, PATRICK		NAME	EVD	
STREET ADDRESS	778 FOREST LANE		STREET ADDRESS	692 Arrow lane	
CITY-ST-ZIP	KISSIMMEE FL 34746		CITY-ST-ZIP	Kissimmee FL 34746	
TITLE	EVD	<input type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STONWANDEL, RICHARD		NAME	FAM SINNING	
STREET ADDRESS	545 SQUIRE LANE		STREET ADDRESS	563, Squire lane	
CITY-ST-ZIP	KISSIMMEE FL 34746		CITY-ST-ZIP	Kissimmee FL 34746	
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, LEE ANN		NAME		
STREET ADDRESS	421 FOREST LANE		STREET ADDRESS		
CITY-ST-ZIP	KISSIMMEE FL 34746		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANDRICK, SEYMOR L		NAME		
STREET ADDRESS	592 ARROW LANE		STREET ADDRESS		
CITY-ST-ZIP	KISSIMMEE FL 34746		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BALFOUR, HECTOR		NAME		
STREET ADDRESS	145 SCOTT BOULEVARD		STREET ADDRESS		
CITY-ST-ZIP	KISSIMMEE FL 34746		CITY-ST-ZIP		

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: *Seymour L Sandrick*