

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 07, 2008 8:00 am
Secretary of State

03-07-2008 90038 041 ****61.25

DOCUMENT # N95000003778
1. Entity Name
SHERWOOD FOREST OF KISSIMMEE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
705 ARROW LN 705 ARROW LN
KISSIMMEE FL 34746 KISSIMMEE FL 34746
US US



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E037 (10/07)

City & State City & State
Zip Country Zip Country

4. FEI Number 59-2521868 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**COLLING, LEE JAY
529 VERSAILLES DRIVE SUITE 103
MAITLAND FL 32751**

7. Name and Address of New Registered Agent
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, 2008**

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

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SALVUCCI, JOHN 783 FOREST LANE KISSIMMEE FL 34746 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HENRY, JULIAN 692 ARROW LANE KISSIMMEE FL 34746 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY KOSTUCH, MARYLOU 622 ARROW LANE KISSIMMEE FL 34746 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREAS. JONES, LEE ANN 421 FOREST LANE KISSIMMEE FL 34746 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ZIELINSKI, ROSE MARIE 802 FOREST LN KISSIMMEE FL 34746 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEON, JOSE 772 FOREST LN KISSIMMEE FL 34746 <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JOSE LEON <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 772 FOREST LANE EXEC. V.P. KISSIMMEE FL 34746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CAROL YANISH <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 533 SQUIRE LN V.P. KISSIMMEE FL 34746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JERRY DONLIN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 435 FOREST LN KISSIMMEE FL 34746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Lee Ann Jones* LEE ANN JONES - Treasurer