

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000003778

FILED
Jan 23, 2009
Secretary of State

Entity Name: SHERWOOD FOREST OF KISSIMMEE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

705 ARROW LN
KISSIMMEE, FL 34746 US

New Principal Place of Business:

Current Mailing Address:

705 ARROW LN
KISSIMMEE, FL 34746 US

New Mailing Address:

FEI Number: 59-2521868 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

COLLING, LEE JAY
529 VERSAILLES DRIVE SUITE 103
MAITLAND, FL 32751 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SALVUCCI, JOHN
Address: 783 FOREST LANE
City-St-Zip: KISSIMMEE, FL 34746

Title: EVP () Delete
Name: LEON, JOSE
Address: 772 FOREST LANE
City-St-Zip: KISSIMMEE, FL 34746

Title: D () Delete
Name: KOSTUCH, MARYLOU
Address: 622 ARROW LANE
City-St-Zip: KISSIMMEE, FL 34746

Title: SD () Delete
Name: JONES, LEE ANN
Address: 421 FOREST LANE
City-St-Zip: KISSIMMEE, FL 34746

Title: VP () Delete
Name: YANISH, CAROL
Address: 533 SQUARE LN
City-St-Zip: KISSIMMEE, FL 34746

Title: D () Delete
Name: DONLIN, JERRY
Address: 435 FOREST LN
City-St-Zip: KISSIMMEE, FL 34746

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY JO A CLAPPER

TREA

01/23/2009

Electronic Signature of Signing Officer or Director

_____ Date