NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State
05-13-2002 90091 008 ****61.25

DOCUMENT # N96000004090

1. Entity Name
Sherwood II Condo. Assoc., Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
	745 12th Avenue S.
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite AA
City & State	City & State Naples, FL
Zip / Country	Zip 34102 / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0695128 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Moore Property Management

Street Address (P.O. Box Number is Not Acceptable): 745-12th Ave. S, Ste AA

City: Naples FL Zip Code: 34102

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25
Initial or Amended UBR

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	P/D
NAME	Gil Erlichman
STREET ADDRESS	290 Robin Hood Cir #102
CITY-ST-ZIP	Naples FL 34104
TITLE	I/P
NAME	Doug McIntosh
STREET ADDRESS	280 Robinhood Cir. #201
CITY-ST-ZIP	Naples FL 34104
TITLE	V/P/S/D
NAME	Ed Missner
STREET ADDRESS	290 Robin Hood Cir. #201
CITY-ST-ZIP	Naples FL 34104
TITLE	
NAME	
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CITY-ST-ZIP	

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CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Gil Erlichman Gil Erlichman 2/24/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

239-262-5051