

2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N02000008534

1. Entity Name
LEGACY AT SHERWOOD FOREST HOMEOWNERS
ASSOCIATION, INC.



FILED

06 AUG 28 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
27 SE 5TH ST
BOCA RATON, FL 33432

Mailing Address
21 SE 5TH ST
100
BOCA RATON, FL 33432

2. Principal Place of Business
ASSOCIATED PROPERTY MGMT. ASSOCIATED PROPERTY MGMT.
Suite, Apt. #, etc.
1928 LAKE WORTH RD.
City & State
LAKE WORTH FL
Zip
33461
Country
USA

3. Mailing Address
ASSOCIATED PROPERTY MGMT.
Suite, Apt. #, etc.
1928 LAKE WORTH RD.
City & State
LAKE WORTH FL
Zip
33461
Country
USA

07112006 Chg-NP CR2E037 (4/06)

4. FEI Number
13-4252600

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
ELIAS, HOWARD
6700 NW BROKEN SOUND PKWY #203
BOCA RATON, FL 33487

7. Name and Address of New Registered Agent
Name
ASSOCIATED PROPERTY MANAGEMENT
Street Address (P.O. Box Number is Not Acceptable)
1928 LAKE WORTH RD.
City
LAKE WORTH FL
Zip Code
33461

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. **JOHN R. MATH, OWNER**

SIGNATURE Agent 7/11/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is \$61.25

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GUENZLER, SARA 68 LEGACY CT DELRAY BEACH, FL 33445 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GRINER, William 4412 REGAL CT. DELRAY BEACH, FL 33445 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GRANT, ED 4370 LEGACY CT DELRAY BEACH, FL 33445 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ASSERAF, ALAIN 4369 LEGACY CT. DELRAY BEACH, FL 33445 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD PRESTON, PAUL 55 LEGACY CT. DELRAY BEACH, FL 33445 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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 Chapter 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: 13 July 06 561 860 4688
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



Associated Property Management
of the Palm Beaches, Inc.

August 22, 2006

Department of State
Division of Corporations
ATTN: Ms. Michelle Milligan
P.O. Box 6327
Tallahassee, FL 32314

Re: Legacy at Sherwood Forest Homeowners' Association, Inc. (Ref. #: N02000008534) – Letter Number: 206A00050611

Dear Ms. Milligan:

Please find enclosed our check #5001 in the amount of \$61.25 along with a completed Division of Corporation form. In your correspondence dated August 16, 2006, it was returned to us with the statement: "The registered agent designated must be an active Florida entity...". Please be advised that Mr. John R. Math, Owner of Associated Property Management of the Palm Beaches, Inc., is indeed the registered agent of record and has been in the property management business for the past approximately 18 years. We also have over 100 other properties for which we are the current designated registered agent.

In an effort to meet your somewhat unclear specifications, however, we have printed Mr. John Math's name on the form immediately above his signature. We hope that this will now therefore meet the requirements for registration of Legacy at Sherwood Forest Homeowners' Association, Inc.

Thank you for your adjusting your records accordingly.

Sincerely,

A handwritten signature in cursive script that reads "Rita Tucker". The ink is black and the signature is fluid and legible.

Rita Tucker, Administrative Assistant
Associated Property Management of the Palm Beaches, Inc.

cc: John R. Math, Owner
Simon Abreu, President
File

Enclosure