

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

AUG 02 2007

DOCUMENT # N02000008534

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



FILED

07 AUG 17 AM 10:19

CLERK OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
C/O ASSOCIATED PROPERTY MANAGEMENT
1928 LAKE WORTH RD.
LAKE WORTH, FL 33461

Mailing Address
C/O ASSOCIATED PROPERTY MANAGEMENT
1928 LAKE WORTH RD.
LAKE WORTH, FL 33461

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07302007 Chg-NP CR2E037 (12/06)

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

ASSOCIATED PROPERTY MANAGEMENT OF THE PALM
1928 LAKE WORTH RD.
LAKE WORTH, FL 33461

7. Name and Address of New Registered Agent

Name: John R. Sheppard, Jr.
Street Address (P.O. Box Number is Not Acceptable)
DICKER, KRIVOK & STOLOFF, P.A.
1818 AUSTRALIAN AVE. #400
City: WEST PALM BEACH FL Zip Code: 33409

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

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

7-31-07
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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	GRINER, WILLIAM	
STREET ADDRESS	4412 REGAL COURT	
CITY-ST-ZIP	DELRAY BEACH, FL 33461	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ASSERAF, ALAIN	
STREET ADDRESS	4369 LEGACY CT.	
CITY-ST-ZIP	DELRAY BEACH, FL 33445	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	PRESTON, PAUL	
STREET ADDRESS	55 LEGACY CT.	
CITY-ST-ZIP	DELRAY BEACH, FL 33445	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DEROSA THOMAS J.	
STREET ADDRESS	81 LEGACY CT.	
CITY-ST-ZIP	DELRAY BEACH, FL 33445	
TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WELSHING MADELINE	
STREET ADDRESS	63 LEGACY CT.	
CITY-ST-ZIP	DELRAY BEACH, FL 33445	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Thomas J. Derosa
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/13/07
Date

Daytime Phone #