12007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

AUG 0 2 2007

DOCUMENT # N02000008534 1. Entity Name LEGACY AT SHERWOOD FOREST HOMEOWNERS ASSOCIATION, INC.								07 AUG	FILED			
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				IT .	IALLAI	TART OF S IASSEE, F	LORIDA	A. B.(A. 1)-1) S.(A.	HI r i r i 1001
2. Principal Place of Business - No P.O. Box #			3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.					07302007 _{Cl}	hg-NP	CR2E03	7 (12/06)	
City & State			City & State					4. FEI Number 13-425260	00		<u> </u>	plied For
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	6 Name	and Address of Current	Pagistared	Agent				7. Name and Add	trace of Nam D			
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ASSOCIATED PROPERTY MANAGEMENT OF THE PA 1928 LAKE WORTH RD.				HE PALM		Name John R. Shepterd, JV: Street Address (P.O. Hos Number is Not Acceptable)					- Dá	
LAKE WOI	RTH, FL :	33461				181	18 K	EK, ICK	iAN A	4) [0 1] [#	400	- P.St.
CityWE						557	PALM 19	BEACH	FL	Zin Code	409	
8. The above	named entit	y submits this statement fo	r the purpos	se of changing its	registere	ed office or r	registeri	ed agent, or both, in	the State of Flo	rida. I am ta	amiliar with,	and accept
the obligat	ions of Regist	tered agent										
SIGNATURE .	Stemature, typed	or printed name of registered agent	and title if applic	$\frac{1}{2}$ $\frac{1}{2}$ $\frac{1}{2}$ $\frac{1}{2}$ $\frac{1}{2}$ $\frac{1}{2}$	-CD	Agent signatur	re required	when reinstating)		-3/	-07	<u></u>
	1	d or printed nealle of registered agen	and title if applic	9. Election Can Trust Fund C	npaign F	inancing	Tre required	when reinstating) \$5.00 May Be Added to Fees		DATE	payable to	
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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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: _

NAME

STREET ADDRESS

CITY-ST-ZIP

alia. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

Change

Addition