## 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N02000008534

Apr 27, 2011 Secretary of State

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

**Current Principal Place of Business: New Principal Place of Business:** 

C/O CREST MANAGEMENT GROUP, INC. 6413 CONGRESS AVENUE - SUITE 200 BOCA RATON, FL 33487

**Current Mailing Address: New Mailing Address:** 

C/O CREST MANAGEMENT GROUP, INC. 6413 CONGRESS AVENUE - SUITE 200 BOCA RATON, FL 33487

FEI Number: 13-4252600 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SHEPPARD, JOHN R JR SCOTT, STOLOFF DICKER, KRIVOK & STOLOFF, PA DICKER, KRIVOK & STOLOFF, PA 1818 AUSTRALIAN AVE. #400 1818 AUSTRALIAN AVE. #400 WEST PALM BEACH, FL 33409 US WEST PALM BEACH, FL 33409 US

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: SCOTT STOLOFF 04/27/2011

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

WELSING, MADELINE J P Name: Address: 63 LEGACY CT

City-St-Zip: DELRAY BEACH, FL 33445

Title:

Name: ASSERAF, ALAN V Address: 4369 LEGACY CT.

City-St-Zip: DELRAY BEACH, FL 33445

Title: ST

AGEE, BEVERLY ST Name: Address: 4430 REGAL CT.

City-St-Zip: DELRAY BEACH, FL 33445

I hereby 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 all other like empowered.

SIGNATURE: MADELINE WELSING Ρ 04/27/2011