

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000007866

**FILED**  
**Mar 24, 2015**  
**Secretary of State**  
**CC6787701815**

**Entity Name:** SHERWOOD AT THE CROSSROADS HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

ALLIANT PROPERTY MANAGEMENT, LLC  
6719 WINKLER RD. SUITE 200  
FORT MYERS, FL 33919

**Current Mailing Address:**

C/O ALLIANT PROPERTY MANAGEMENT  
6719 WINKLER RD SUITE 200  
FORT MYERS, FL 33919 US

**FEI Number: 04-3820386**

**Certificate of Status Desired: No**

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

ALLIANT PROPERTY MANAGEMENT, LLC  
6719 WINKLER RD  
SUITE 200  
FORT MYERS, FL 33919 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name BALAN, FIDEL  
Address C/O ALLIANT PROPERTY MANAGEMENT  
6719 WINKLER RD SUITE 200  
City-State-Zip: FORT MYERS FL 33919

Title VP  
Name ROSENGARD, PAMELA  
Address C/O ALLIANT PROPERTY MANAGEMENT  
6719 WINKLER RD SUITE 200  
City-State-Zip: FORT MYERS FL 33919

Title DIRECTOR  
Name O' CONNELL, DANIEL  
Address C/O ALLIANT PROPERTY MANAGEMENT  
6719 WINKLER RD SUITE 200  
City-State-Zip: FORT MYERS FL 33919

*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: FIDEL BALAN**

**PRESIDENT**

**03/24/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date