

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N95000003778

**FILED**  
**Feb 13, 2018**  
**Secretary of State**  
**CC6949884886**

**Entity Name:** SHERWOOD FOREST OF KISSIMMEE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

705 ARROW LN  
KISSIMMEE  
KISSIMMEE, FL 34746

**Current Mailing Address:**

705 ARROW LN  
KISSIMMEE, FL 34746 US

**FEI Number: 59-2521868**

**Certificate of Status Desired: No**

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

LEE JAY COLLING & ASSOCIATES. P.A.  
529 VERSAILLES DRIVE  
SUITE 103  
MAITLAND, FL 32751 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: LEE JAY COLLING**

**02/13/2018**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRES  
Name            SALVUCCI, JOHN P  
Address        783 FOREST LANE  
City-State-Zip: KISSIMMEE FL 34746

Title            VP  
Name            MILLER, RAYMOND  
Address        538 SQUIRE LN  
City-State-Zip: KISSIMMEE FL 34746

Title            SEC  
Name            KOSTUCH, MARY LOU  
Address        622 ARROW LANE  
City-State-Zip: KISSIMMEE FL 34746

Title            TREA  
Name            FOULDS, RICHARD  
Address        415 FOREST LANE  
City-State-Zip: KISSIMMEE FL 34746

Title            DIRECTOR AT LARGE  
Name            PITKO, CLAUDIA  
Address        438 FOREST LANE  
City-State-Zip: KISSIMMEE FL 34746

Title            DIRECTOR AT LARGE  
Name            SMITH, BOB  
Address        794 BISHOP LANE  
City-State-Zip: KISSIMMEE FL 34746

Title            DIRECTOR AT LARGE  
Name            TACKMAN, SUSAN  
Address        666 ARROW LANE  
City-State-Zip: KISSIMMEE FL 34746

*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: JOHN P. SALVUCCI**

**HOA PRESIDENT**

**02/13/2018**

Electronic Signature of Signing Officer/Director Detail

Date